Introductory Lecture

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BY SIR HENRY THOMPSON,

SURGEON AND LECTURER ON CLINICAL SURGERY AT UNIVERSITY COLLEGE HOSPITAL.

GENTLEMEN,—I am very glad that the time-honoured custom of giving a lecture introductory to the varied courses and numerous studies of the year is still respected here. Like that other and still more ancient custom of "grace before meat," it is very apt to degenerate into a dead and useless formula, and so, like that, to become omitted altogether. But it is my opinion, and I trust during the next three-quarters of an hour to show grounds for maintaining it, that whatever relations exist between our daily "grace" and the "meal" which follows, there may be an important connexion between our ceremonial of to-day and the session which it inaugurates. For you will remember that not only do we make a present preliminary survey of the coming business, but we also keep in view in this our College a most important closing scene to the year of labour, a "grace after meat," in which honours and distinctions, won only by intelligence and work, will form an appropriate and truly graceful end to the mental digestion of the session. And the observance of this annual custom of to-day leads me to remark that you may see how that, with ideas and aspirations which are notoriously advanced and liberal, University College associates instincts which are conservative—of all combinations the most happy,—and she retains the institution which existed before her time, determined, however, that, as far as in her lies, it shall be no profitless ritual in her hands.

And now I must be permitted to say that I feel in no small degree the honour and the responsibility which attach to the task of speaking the official welcome, and I may say of pronouncing the official blessing, at this annual celebration. I said, the official welcome. If the former of these two words sounds coldly in your ears, believe me the second shall not do so. On behalf of all my colleagues and friends around, I speak none but the plainest and sincerest truth when I tell you that we offer to you all—to you whose faces we know, and whose work we respect, as well as to those who enter this hall for the first time—to the former a friendly recognition—to all a hearty welcome.

Now I have been careful to ask myself, in good faith, How can I best seek for you all the "grace" which I hold is wanting at the outset of your labours? And after some little deliberation, the answer comes thus:—First, I shall speak solely to you whom I see before me; mainly to those who begin their medical career to-day, yet also to all students, of whatever age or standing. Secondly, I shall not speak to any outer world, through you, of any subject, physiological, surgical, medical, or therapeutical; nor of any novelty whatever: the best sources of information possible on each of these matters you will find in its appropriate theatre. Lastly, I shall simply advise you, to the extent of my ability, as to the best practical means of here acquiring and utilising the knowledge necessary for you as the future medical attendants of your countrymen. For I beg you will permit me to tell you that much of my own student-life was passed here; and I have some very sombre, and also some very happy, recollections of it. This day twenty-two years I sat there for the first time, a stranger to London, an absolute novice; and I have but to recall my own hopes and fears, wants and perplexities, to be very certain that some among you are agitated by similar emotions now. If only one sits there who feels the utter bewilderment, the exceeding oppression, caused by countless and conflicting demands, as I realised it for myself that day, and if to him I can offer any clue or guidance I shall reap real satisfaction from the effort. How I longed for someone who had gone over the path before me to tell me practically how to work, what to select, how to arrange my time for the best. Every professor in his lecture-room intimated that, whatever else I neglected, his own subject was the one thing needful, demanded my longest hours and my clearest brain; and I am certain I lost some valuable time in determining what was the best course—probably never really discovered it. On the other hand, the very act of electing, difficult as it was, could not have been altogether without its value. At the same time, I am quite aware that different minds must work in different ways, and that the directions which are good for some are not the best for all. With experience of life comes breadth of view; and, after all, the few maxims on which one can place reliance in this world are but well-known truisms. Nevertheless, I think it worth my while and your while to let me enforce such of these as my own experience recommends. And I must here request especially elder students to grant me their indulgence for a short time, while I enter upon some elementary and perhaps to them not very interesting particulars, explaining how I would advise a first-year's man to arrange his course of labour. And with this end in view, I shall speak first of work; then of play; and last, not least, of character.

My first maxim is: whatever else you are, be methodical. I cannot tell you in language sufficiently impressive the value of order—a well-considered order—in the planning of your time, and punctuality in obedience to that order. The result of your work will depend very much upon this. But no less is gained by the habits of order acquired for future life. Two days' work of men who do not know the secret of order, may be done by you in one, provided only that the programme be well arranged, and every hour, every five minutes (do not despise five minutes), brings its appropriate engagement. A mind trained to work at anything at its determined season—it is the best possession I can wish you: a machine which you can apply at once to any work. And if you have not such a one now, as the result of past school hours enforced on you by others, which is quite possible, henceforth, in the first flush of happy independence of control which many of you realise for the first time, remember that you have the priceless opportunity of becoming, in its fullest sense, your own masters. Masters of that fathomless brain-power! Masters of those strong but controllable young passions! I have not done with method yet. But my second maxim is, that all work is valueless that is not thorough. It is quality, not quantity, of work which I commend to you. Nothing is so uninteresting, so unsatisfactory, as only half learning a subject; which, indeed, is not knowing it at all. If you want to be occupied agreeably, you must thoroughly examine the thing to be learned. You do not arrive at the interest, at the fascination, of the thing until you really know something of it, and see clearly its why and because. Now, with great deference to all your other counsellors, I shall venture on the difficult task of applying these maxims practically for you. And thus I advise you never to attend more than three lectures a day at the College. I doubt whether you can work profitably more than two, especially if you are a "first-year's man," and one is anatomy—especially if you are a "third-year's man," and ought to be much at the bedside. Anatomy, no doubt, is a tremendous subject. It must be done now. If its professor tells you it is the one thing needful, I confess I dare not gainsay him. And it must be done in the early part of your career. You will go to the dissecting room with much less zest after you have frequented the romantic regions of the hospital. I advise the first-year's man, then, in making his programme, never to miss an anatomy lecture on any consideration whatever—no book can take its place,—and to dissect three hours daily when his time arrives: all this to be done with the fullest exercise of the attention. Physiology and chemistry, if not done before, come next in order. You see the morning and afternoon are thus provided for. You will take notes of each of these,—in plain hand, with such little abbreviations as you make for yourself, but so that you can easily read them afterwards, leaving a broad margin for filling in facts missed and inquiries to be answered. Cultivate the art of note-taking, and excel in it; also of rapid, effective sketching, if you can; only do not be fascinated by this too much, and spend time in making pictures, deluding yourself into the belief that such elegant trifling is

hard anatomical work, to which there is no such easy or royal road. Reading in the evening is a matter of course; but I think three hours of it (always understand I mean absolutely close attention) ample. I do not believe in the many hours' reading which I used to hear some of my fellow-students talk of. I never had reason to think much of the men who said they could work sixteen hours of the twenty-four, nor of wet cloths round a man's temples, nor of nocturnal green tea.

Touching tea, I don't think it out of place to say a word about meals. And for this reason: as a rule, your main digestion and your hardest reading should not take place together. A fairly substantial breakfast, say at eight; college work from about nine to one. Then don't take the heavy meal of the day; no man should do this who has three hours' real labour to follow immediately. You can't do Ellis's Anatomy justice with a stomach full of beef-steak and its accompanying modicum of stimulant. I have seen, after the early dining hour, in the dissecting-room, men, red-faced and heavy with repletion, vainly trying to master a head and neck; heartless and dispirited in the attempt to follow our professor's clear but unrelenting demands on their attention. By all means, then, take a little animal food if you need it, or some lighter dish, and go with a just satisfied stomach and a clear brain to your work; and when you have had three honest hours of labour, I will grant you have earned an hour of relaxation—bodily exercise, say, and a moderately good dinner to follow it; a cheerful and quiet half-hour after, a cup of tea, and then to the evening's work.

Now as to modes of work. I advise you to use your pen much; writing makes you accurate, and facility in composing is a habit worth acquiring. Your knowledge, too, is now tested by means of written papers, and much less by oral examinations than formerly. If you find it difficult to keep up attention to your book when reading—and the task is worse than useless unless that faculty is active and obedient to your will,—have your pen at hand. Analyse a few pages—i. e., make a condensed account from the book in your own language, marking well the important points, and leaving out the less important details for future and more finished efforts. Write a clear description of a bone, a joint, the relations of an artery, or a dissection. When you have done these once or twice on rough paper, it is a good plan to rewrite them, carefully corrected, in a book, with marginal reference notes, to indicate the subject of the text. In two sessions' diligent dissecting you can include all the chief parts of the body in one or two handy volumes suited for the pocket; and these turn out to be very useful condensations when you want for some future examination to get a rapid bird's-eye view, and bring back to recollection once well known but now forgotten subjects. Nothing ever more astonished me or disappointed me so much as the facility with which anatomical details escape the memory. You have your subject so clearly, so thoroughly mastered after dissection, and a drawing, and a written account or two, that you fancy you could examine even the professor himself; but in a few months all the clearness of view is gone, and you are uncertain about all but the very broadest and commonest details. Then it is that a short study of your own work brings back most of the facts. Compare your book with some accurate original; study some dissections going on in the room, if you are not yourself dissecting; and seek for errors in your MSS. which had escaped you—there are always some,—and this process will better recall your pristine knowledge than any other I can tell you of. I would pursue the same principle, more or less, with every lecture I intended to work at. I said that writing makes you accurate, for you cannot put down a doubtful statement in making these manuals; every fact must be carefully verified. Now this habit of exactitude has great value for you as a student here. I promise you that it will ensure you honours in your classes, and perhaps high honours. But it will be of much more value to you hereafter. It helps to make you a careful observer. It will fit you for those higher developments of student life which are to take place in the wards of the hospital. For the highest art in our profession is attained through intelligent and accurate observation. No one observes accurately without training. Take one hundred men as you find them—the first hundred men, to use John Bright's expression, who might any day pass under Temple-bar,—and you shall not find one barely respectable observer, not one man who can accurately describe to you the simplest incident he saw on the other side five minutes before. He will give you his "impression" (loose, dishonest, disreputable word—I cannot describe my contempt for it); in other terms, he will supplement his slender knowledge of what did happen by his views of what must have or ought to have happened, and confound it all as fact, and swear to it too, if need be, without any vice at all, but simply because he has never learned the sacredness of fact, nor to distinguish between it and fancy.

Thus far I have spoken of work in the theatre, and work in your own room undisturbed by another's presence. I will now suggest to you the value of occasional social work. You have one or two student friends perhaps, who may agree to share with you the profit which arises from mutual examination on the subjects in hand. This may be very well done after heavier work in the evening, or occasionally during a walk. I like the latter time for the habit of mental abstraction it will form. You should be able to walk the most crowded street, full of life and noise, and describe either for yourself alone or with a companion an intricate dissection or minute structure as easily as in the quiet of your room. I can tell you the power is quite easily acquired by practice, and is a most useful one. Attach yourselves also to the use of figures. The power of using figures readily, and a facility in realising their values, make the facts they denote much more easily retained in the mind. Figures are simply exact statements, the reverse of "impressions." I would have a little book in which to enter most of the exact statements which it is necessary to remember. There are physiological facts and chemical facts which ought to be always at your fingers' ends—"constants," we may call them,—such as the chemical and physical composition of the blood, of the bile, of the urine, &c., the atomic weight of simple bodies, and their principal combinations, &c. A tiny memorandum book of this kind, of which you will probably make an enlarged and improved edition once a year or so, as your knowledge increases, is a very useful appendage to your larger works.

After all, you see I have but amplified one word I used at the outset; I mean the word "thorough." I want thorough work not only at the college, but at the hospital also. Carry over there with you your pen and habits of accuracy. The problems to be solved become more complicated now; for human life and character add sources of obscurity to the fact-seeker. More industry and penmanship will not suffice for you now. Two of you shall examine some suffering and anxious patient over the way. One shall give me a short and pertinent account; the other furnishes some pages with scarcely a fact of importance. This sat down at the bedside, asking all manner of questions without specific design; that kept steadily in view the kind of fact he wanted, and sought it by method and by tact. Here, too, you see a method is necessary. It would be beyond my limit to enter on so large a topic now; but let me say that success in the observation of disease depends greatly upon your habit of order in making those observations. And by tact I intend that mode of seeking subjective facts which results from a knowledge of human nature, the most necessary knowledge of all, perhaps, for us practitioners of medicine, for which reason I shall have much more to say of it presently.

I next come to "play." I mean by this, relaxation for body and mind—change of occupation, not rest. Daily bodily exercise is essential, and I think it should be thorough also. One way of ensuring it used to be to live a mile or two from college, and to walk in and out, which seemed merely to ensure a monotonous walk, the student's absence from all casualties at the hospital worth seeing, and ignorance generally of what was going on in the student world. Much better is it, I think, to be as near the central scene of action as possible, and to take your exercise for its own sake, as a pleasure, when time and weather permit. With your sort of work, some athletic pursuit perhaps gives the best relaxation, such as fencing, gymnastics, &c. In my first year a club for exercise with the foils, the gloves, and single-stick was formed, and I had the honour of being secretary for two years, and found no kind of exercise so good, so ready to one's hand at all times, as that—which I tell you for a reason you will see presently; and as I believe, also, in the value of all knowledge, I don't think that the

time was lost, while health was preserved. It is a less popular opinion, probably, which I shall offer of some other forms of exercise. I shall say it from conviction and as a duty, disagreeable to me, from a suspicion that some of you may differ from me; but I have determined that this is not to be the paramount consideration for me to-day. It is this: I don't think it is desirable that during his medical career a student should belong to associations for the pursuit of physical exercise which make large demands on his time. I may rather say, that I would not advise a man who intended to make the most of his student life to do so. To say that it is necessary for bodily exercise to join a rifle corps is saying too much. It is not worth being a volunteer soldier, nor, indeed, anything else, unless you intend to do thoroughly well the duty which the engagement involves. You would be ashamed of not being a good drill, or perhaps of not rising above the ranks in time; and if you have anything in you, you would desire to be among the best shots in the battalion. To do all this you must give much time, and some of it in the early and middle part of the day. I do not say that some men may not be distinguished in the regiment, and in the class-room too; but I am quite sure that few can be the first without losing many valuable opportunities of learning that which can only be obtained during the three or four years which the medical student has to spend here. I shall be the last to curtail your free indulgence in any manly sport, provided that it makes no claims on time and energy which must be devoted to the acquirement of professional knowledge. I would not, were I you, be hampered by any systematic engagement which necessarily interfered with your presence here from 9 A.M. to 5 P.M. An occasional absence is another thing; but any set of duties voluntarily entered upon, which robs you of any portion of that time, is an injustice to yourself. Whatever may be the engagements which come under that description, I advise you to shun them.

Intellectual recreation also is desirable for the mind. You must honestly find out, each for himself, how much of lighter reading you may indulge in. The daily newspaper and a few chosen volumes should suffice for the present. And, also with this life of yours, devoted to observing "fact" and waiting on "fact," it is good sometimes to indulge a little in the regions of imagination. Make a little leisure now and then for poetry—even for speculative philosophy. Give your thoughts occasionally a range in that limitless realm where the greatest minds have been before you, and found nothing certain but their own contact with the unknowable. It is something to get as near as possible to the unapproachable; and it is good, also, that the mind should be brought, from time to time, to exercise its power to grapple closely with the abstract.

Thirdly. I now wish to say something on the subject of character. I use this word in its widest sense: I intend by it the sum total of all those mental and moral qualities and acquirements which distinguish the individual, and which are in part an inheritance, and in part the result of surrounding circumstances and the attitude which his own will takes in relation to them. Without touching at all any abstract or insoluble problem about the force of those circumstances or of that will, I will assume that for all practical purposes your will exists, and that it exercises a considerable influence over the things which surround you. If this be not granted, I have no other word to say, and what I have said is useless. Granting it, I ask your attention a little longer.

If, then, I were desired to designate by a single word or phrase the kind of character I recommend you to aim at acquiring, in view of the profession on which you are entering, I should unhesitatingly employ the term "a man of the world." I wish for you nothing higher, nothing better, nothing more conducive to your happiness, than what I intend by that term. I intend by it, of course, a man intelligently acquainted with the physical phenomena of the universe, as far as an ordinary modern scientific education affords it—with the history of man, so far as tradition, written record, and the study of languages furnish it. But I intend also something not included here. Much of all this—in fact, the most of all that is contained in these comprehensive terms—may be acquired in the study, or in the museum, laboratory, or observatory, which are merely subordinate departments of a study after all. Most proficient may you thus become in the great branches of learning, and you may place after your names any number of those symbolical and much-coveted letters which denote the degree of knowledge you have at some time acquired, from B.A. even to F.R.S. if you will. With all this, I contend you may be ill-fitted for life, and, what is more to our purpose now, wholly unfit to practise this profession of medicine. There is one branch of study to which all those other studies are subordinate, to which they form but the introduction. Their halls are but vestibules to that great theatre where you are ever to be patient learners, and where you will find no professor and not a single lecture. And while those other studies are subservient, and to some extent preliminary, you may nevertheless enter that great theatre to-day, and pursue the profoundest study of your life at once: I mean the study of human nature itself; the study of those attributes of your species which it possesses above and beyond all other species—the most complex, intricate, and enduring study of the whole: to be followed a little in books, mainly and chiefly among living men. You may be excellent anatomists, physiologists, pathologists; have keen senses and lithe limbs; and so have all the recognised and examinable qualifications, if I may use the term, for practice: and yet be useless, unsuccessful, not to say mischievous practitioners, for want of that tact, that *savoir faire*, which a knowledge of human nature alone supplies. So strongly do I feel this, that, while I as fully as any professor here believe in the necessity for proficiency in each branch of a liberal medical education, I believe still more in the importance of that other branch of learning which complements and gives value to academic knowledge. In fact, all that your academic study affords is knowledge, rightly so called: only when associated with the study of human nature does it become wisdom.

You will now get a glimpse, perhaps, of that high ideal which I propose to you, and I think rightly so, under the term "a man of the world." You will see how that in proportion to your knowledge of the instincts, prejudices, tastes, feelings, and convictions of your own species, varied as these are at different periods of life, and distinct as they are in the two sexes, the acquirements which you possess may be made available for the benefit of your fellows and of yourself. You will infer, without suggestion from me, that a facility in subordinating at proper times your own personal bias or aims to the instincts and tastes of others, is the essential character of that high style of man, "the true gentleman"—a style not so complete as that which I propose to you; for while many a man may be a true gentleman without being a thorough man of the world, the latter character, as I understand it, inevitably includes the former. My conviction of the importance of your formally proposing this aim to yourselves, and early in life too, is my apology for insisting on it here. For I would remind you that it is to be your chief function to deal with man in all the aspects of his many-sided life. If "the proper study of mankind is man," how much more is he the study proper for us. While at least three-fourths of mankind study their neighbours solely, or almost solely, with a view to the cunning arts of buying and selling, our lives are necessarily devoted to the adjusting of the many and varied derangements in man's nature, not only physical, but mental. For let me tell you that the misery which you will be called on in your professional career to witness and to alleviate, although for the most part it may be primarily and obviously physical, much more than half of it is really mental. I need not surely stay to illustrate this. It will be obvious at once to any medical man of intelligence and experience. You may as well at once consent to take my word for it. You have much more in this our art to do than use the knife or write prescriptions. I would go so far as to say that your usefulness as well as your success do not more depend on these than on your personal relations with the patient, determined by your knowledge of human nature in general, and your appreciation of his nature in particular. It will be your daily duty to allay the groundless fears and apprehensions of future ill, occasioned by trivial but painful complaints; curbing your own impatience at what you deem the weakness and ignorance of the deluded sufferer; yours to soothe and strengthen the weary and disheartened victim of some chronic disease, whose convalescence much depends on your care, skill, and kindness; yours to palliate the suffering and lighten the burden for that failing pilgrim whose journey you know has nearly closed. It will be your

lot to listen to many a tale of sorrow; to be the sacred depository of many a secret. You will have the means by prudent reticence of averting much family distress; by the judicious use of knowledge, of healing many a breach between the estranged. All such labour for good, not in any way to be unduly sought, but not to be refused if duty bids you act, and you see your way to do good service. All this only possible; only to be thought of by a man of integrity, honour, and tact.

With such a future necessarily impending, I propose to you not only an academic, but an extra-academic course, to be pursued at all times, never for an instant to be laid aside; no, not in your moments of wildest relaxation; not in the noisiest outburst of exuberant spirits, such as a healthy young man delights in and thoroughly enjoys, as reaction from long and honest labour; such as we older ones love to remember, and—shall I say it?—even love still to realise from time to time if possible. It is precisely because this is an extra-academic course that I have taken it for my chief subject to-day; and while I lay on you no new burdens, I hope to invest all extra-academic life with fresh interest in so doing. Your motto should be—

"Homo sum, humani nihil a me alienum puto."

Now, in order to attain the end proposed, I shall have little more than brief hints to offer you. Half my object is gained, and much of yours will be attained also, if I persuade you of the importance of the subject; for, as I have told you, no book, no words, can aid you much, and therefore I should belie myself if I had much to say.

Let me suggest, then, that the study of others must be coincident with the study of self. Self-knowledge, surpassingly valuable for its own sake, has thus another use scarcely less important. While there are many varieties of the species and of the individual to be observed, your own instincts and mental workings may be taken as a rough standard by which to appreciate the whole genus. At the outset it is desirable to be at some pains to make a fair estimate of your own mental powers—those, for example, of attention, comparison, judgment, &c.: a task which the competition afforded by a large number of associates will render tolerably easy. So with your moral powers. Circumstances of temptation to do wrong will be encountered: you will give way sometimes; at others, you will learn the satisfaction of withstanding the tempter. An honest introspection will manifest your weaker side; and, summoning those motives which weigh most powerfully, you will, if you reason fairly, certainly conclude that you are the better for overcoming the temptation, and that it must be your interest in the long run to control yourself in every case when that which is clearly wrong, according to your deliberate judgment, offers itself as an agreeable substitute for the right. Then you will also have abundant, nay, daily opportunities afforded you, in the rough contact with numerous compeers which student-life affords, for learning that most difficult of all lessons, most tedious of mastery, the control of temper. A quick temper—well, I wouldn't have you without it, for it is often the necessary complement of sterling qualities—must be trained, curbed, well broken-in. Often present, indeed expected to exist, in the well-bred animal of all intelligent species, it must be dominated before the animal is good for aught to himself or to society. But then remember that no breeding is so bad as that which permits its ascendancy. An irritable temper, ready to show itself on every trifling occasion, is merely intense egotism. Don't permit yourselves to indulge it under the belief that it denotes courage and praiseworthy spirit. Believe me, it is mainly an unpardonable overestimate of self that underlies a quarrelsome or irritable disposition. Be assured, too, that the intensely selfish man is mostly ignorant of human nature. Wrapt in himself, he fails to study or to appraise at any value the convictions or the wishes of others, and he lives in reckless unconsciousness of them.

Then it is most true also that few things are more essential to your well-doing hereafter than the power of self-control, and here is an ample practical field for its attainment. Watchfulness over your conduct, and the habit of considering honestly the incidents of your life and the slips you have made, will amply repay you in the long run. The power of controlling our words—the control even of thought, but especially of words—is a habit most necessary to be learned. In the "game" of life, so to speak, but especially in that of professional life, it is essential that the cards, as at whist, be known only to the player. What you have is to be revealed with caution and judgment both to friends and to opponents. Equally in life and in the game, it may be your fortune to hold a weak hand, and yet with reticence and skill it may be successfully played. And it is no less true, on the other hand, that for want of those faculties you may hold all the honours and still not win the game. Thus habituated to observe the broader features of human nature as exemplified by your own experience, you will perceive how they are modified in others by association with some dominant passion, some manifest weak or strong bias in the character of each individual with whom you have much contact. Further, you will be especially instructed in noticing how our common nature is affected by different religious beliefs, by different political creeds, by the varied circumstances which different stations in society present, in different professions and trades, by the habits of town and of rural life. You should hereafter certainly study life and manners abroad, as far as opportunities offer; noting all new and strange things, so that you may acquire those notions or habits which are superior to your own, since you may be absolutely certain that some will be so. You will further have many opportunities of observing how the conditions of rude health, or, on the other hand, how the existence of delicate organisation easily deranged, modify both instincts and opinions.

Thus I think there is no aspect of humanity of which I would not have you at some time of life know something, nor any rank of life which I would not have you exercise your opportunities of observing. But ever remember that while you are young and impressionable—though I wish you always to be impressionable and self-questioning,—you will be insensibly influenced in some respect by all the society you enter. You can scarcely descend to an atmosphere of lax morality and small intelligence without risking some depreciation. Be especially on your guard about this. Nor in intelligent society, in circles where a high tone of morals and of manners exist, and where delicate sensibility and good breeding prevail, can you be otherwise than elevated. Make the one, if possible, your favourite resort; the other only your occasional sphere of study. To name no other results than this, your manners and address will take their stamp very much from the society you frequent; and do not underrate the importance of those external signs of breeding which impress a stranger favourably or unfavourably, and often properly so, before a word is uttered. You have no more right to present yourself in society with indifferent manners than with a shabby coat. The mode of expressing yourself in ordinary conversation is equally a matter of importance. I would not have you, for example, stiff and formal in your language; but let me tell you that one very powerful reason why men find it difficult to express themselves easily in public is simply because their ordinary style of conversation is so loose. From mere laziness or thoughtlessness many young men make a single hackneyed word or phrase habitually do duty for at least ten or twelve; so that when an act has to be related neatly or with precision, the speaker has to seek, often vainly or with painful labour, for new and unaccustomed language, since he never practises himself so to speak.

The spirit and habits formed by such a training as I have recommended go far to form "a man of the world." You now perceive that I mean by this a man who is acutely alive to all the influences which surround him, and which, in fact, constitute the world. I mean a man who is cognisant of, and sympathetic to, all the pursuits of life; who despises no calling or engagement which occupies his fellows. For there is more in the most trivial pursuit, if you have never followed it yourself, than you dream of; and there may be more truth in the most apparently absurd opinion, if you have not fathomed it, than in some, perhaps, of the cardinal dogmas of your own belief. Therefore, on any subject but one or two perhaps, and rarely with this exception, you may safely take for granted your own ignorance. This will lead you to be less exclusive and less severe in your judgment of others, and to cultivate a broad charity for all. In this spirit you will then maintain an absolute respect for all the religious beliefs of others, whatever they may be; and you will take care how you fail to respect any political beliefs, although diametrically opposed to your own. Who are you, to assume that you are

the favoured possessor of all truth on those subjects which have ever strained the profoundest power of human thought, and relative to which the widest differences have existed among the wisest and most earnest thinkers? Be quite assured that three-fourths of what you are in character is the result of foregone circumstances, and of habits in the forming of which you have had no control; and that if you desire now to shape a little your own character intelligently, you must reconsider every habit, knowing well that had you been reared in another latitude, or in another faith, you would have been quite a different person; and you can scarcely imagine that you have been so fortunate as to have had the best possible training which the globe affords.

In this process, be ready to suspect that if you cherish any view which is shared with you by very few others, and these not the most cultivated minds, that perhaps, indeed not improbably, you are mistaken. On the other hand, if you have imbibed, without examination, most of the beliefs common to society in its broadest sense, it is equally probable, since the masses as a rule are neither very thoughtful nor intelligent, that you may consider further many of those subjects with advantage.

Remember also that while every possible conviction or speculative belief—a range which embraces, therefore, the most diverging or contradictory tenets—is held with equal honesty and tenacity in different portions of the world, there is one thing, and one only, that is common to all good men; there is one great basis of morals and rule of life which has been arrived at by every community sufficiently advanced in culture to form a code of morals, and which, even where not formally acknowledged, is still practically influential: I mean the golden rule, "Do unto others as you would they should do unto you." In cases of doubt as to the proper mode of action in the manifold exigencies of life, as in relation to circumstances in which you have either suffered or committed a wrong, this maxim, although it may not in every known case resolve the difficulty, will nevertheless aid you, and will always promote the right temper in which to form a judgment. In such situations, always reverse the position held by yourself and by the individual with whom you have a controversy, and honestly contemplate the position from that opposite point of view. You smile, perhaps, at my insisting so much on this truism. You will find it remarkable how much new light may sometimes be gained on a subject, unless you have habitually adopted this mode of treatment. Your way is often at once cleared, and no doubt as to your course of action exists.

Whatever, then, of dogmatic beliefs you have inherited, or may deem important to entertain for yourself, you will, if you attain the character I wish for you, be infinitely more careful to conform your conduct in every particular to this great law of our nature. That it is a great principle deeply interwoven in the constitution of man might be easily shown. That "honesty is the best policy" is proverbial in civilised society, and no day passes, if our eyes are open on human affairs, without showing us how short-sighted are the unbelievers in that great truth. Flourish they may at the first few breaches of the law, but the maxim still is true, and asserts itself sooner or later, either at the cost of a victim, or in the success of an honourable career. The race of life in nine cases out of ten is won by solid qualities—stamina and endurance, and not by fitful spirts which cannot last, and often exhaust the runner before the goal is reached. It was the long, steady, unhurried stroke of the "dark blue" which won *that* race!

It is the fashion to say that an exhortation to just and honourable conduct, founded on its usually successful issue, presents too low a motive of action, and one which should be despised by a noble mind. I am content to differ, and am ready to accept the stigma unhesitatingly. I reply that my belief in a moral constitution of the world which makes good successful in the long run is in itself a tribute of admiration—a very anthem of praise—to the great design! Further, I affirm that had society not been so constituted, no progress in justice, in benevolence, and in manners could have been possible. The appeal to motives of interest, moreover, has always constituted the final argument of theologians, and its surpassing weight is not to be ignored by the student of human nature.

Thus schooled, you may well afford often to be generous, and to do for others not as well, but much better than they will ever do to you. The complete "man of the world" has a heart, and however deeply he feels the potency of this principle of self-interest which he sees so imperiously governing all around, none better knows than he, not only how good and how wise, but how refreshing it is to cultivate a sentiment, and to give way to the natural impulse of exercising unsought and even undeserved kindness. And yet he knows also how much imprudence is committed under the influence of such feelings. He has often marked the selfishness with which one indulges the exquisite pleasure of being generous, and that here, too, self-denial must sometimes be enforced on behalf of the public good.

I fancy you almost anticipate me now when I say that my observation of the profession during, say, the last twenty years disposes me to suspect that one result of the increasing demand for purely scientific education, and which year by year becomes more imperative, is a certain neglect of that kind of culture which I have recommended.

For men whose lot it is to be settled in the country, and this must, in the nature of things, happen to at least three-fourths of you, I think my advice even more desirable, if possible, than for others. The social position of the country practitioner, and therefore his means of exercising beneficial influence, as well as of enjoying life and making the best of it, will depend much more upon the culture I have enjoined than upon his ability to appreciate the latest discovery even in organic chemistry. Not that I underrate that in the least—do not mistake me; I wish you to know it, and to avail yourselves of all that it offers you. But if you are, as you ought to be, and must be by the nature of your profession, provided your training has been complete, the most intelligent, the most capable, and, therefore, the most influential and useful person in that provincial circle of which you are to be a member, it can only be by taking care that your scientific knowledge is complemented by the possession of what I have described to you as true worldly wisdom. I wish time permitted me to sketch for you, as I have seen him, the bean ideal of the country practitioner, respected by all, the adviser of all; far and away the most useful man in his parish, the most esteemed and loved. Such a man well fulfils the end of life.

I shall now only tell you that it is my belief, after much consideration of the subject, that there is no profession which demands more of its followers, nor to the really successful and honourable prosecution of which larger attainments are requisite, than that upon which you have entered. It is this profound conviction which has determined me to make an attempt, although a very feeble and inadequate one, to impart to you my estimate of the kind of character essential to the achievement of real success. And if I have failed to do so, I shall at least indulge the hope of effecting some good if I succeed in inducing any of you to reflect earnestly on the value and importance of a self-enjoined discipline when entering upon the serious business of life.

ON THE REAPPEARANCE OF RELAPSING OR FAMINE FEVER IN ENGLAND.

BY CHAS. MURCHISON, M.D., F.R.S.,
PHYSICIAN AND LECTURER ON MEDICINE TO MIDDLESEX HOSPITAL.

AT the present moment, when we are threatened with an epidemic of relapsing or famine fever, it may be interesting to note the circumstances under which this disease has reappeared in England after an absence of fourteen years. In my Report of the patients admitted into the London Fever Hospital during the year 1868, published in February, 1869, I made the following remarks:—

"Not one case of the disease known as relapsing fever, whose prevalence is connected with extreme destitution in a more intimate degree than even that of typhus, and which constituted a great part of the Irish epidemic fever that followed the potato-famine of 1846–7, had been admitted into the hospital for fourteen years, although in 1851 the number of patients suffering from relapsing fever was greater than that admitted with any other form of fever. But on July 4th, 1868, a girl, aged twenty, was admitted, from 12, Easington's-buildings, Whitechapel, who presented the usual symptoms of the disease. She was of Irish birth,

but had resided for eight years in London. Four days later, a Polish Jewess, aged thirty-two, who could not speak English, and whose length of residence in London could not be ascertained, was received from 8, Inkhouse-court, Whitechapel, with the same disease; and on July 30th, a third case was admitted from 9, Inkhouse-court,* a girl aged fourteen, who had resided in London all her life. In addition to these three cases, it may be added that a girl, aged seven, who had lived in London all her life, was admitted on the same day, and from the same house as the first case, whose illness was registered as 'febricula,' and was probably also relapsing fever; and that on July 6th, a Polish family, consisting of father, mother, and child, were admitted from 8, Inkhouse-court, in a state of extreme debility and destitution, without any marked febrile symptoms, during the seven days that they remained in the hospital. There is no evidence of the recent existence of relapsing fever in Ireland or elsewhere in the British dominions; but during the past year German physicians have noted the prevalence of relapsing fever in East Prussia and Poland, and have ascribed it to 'the great destitution and want of food,' and, since the 1st of last September, seven Polish Jews, six of whom had been lately residing in Whitechapel, had been admitted into the German Hospital in London, suffering from well-marked relapsing fever.† It is probable, therefore, that in the few instances of relapsing fever observed at the London Fever Hospital, the disease has been contracted from Polish immigrants."

On the 2nd of January, 1868, I received a letter from my friend Dr. Zuelzer, of Berlin, who translated into German my work "On the Continued Fevers of Great Britain," and to whom we are indebted for valuable monographs on the relapsing fever which prevailed in 1864–65 at St. Petersburg, and on the epidemics of typhus and enteric fever which have occurred in Berlin since 1863. In this letter he remarks: "In the last days we are informed that, in the province of East Prussia, relapsing fever and typhus have appeared, caused by the great destitution and want of food." On February 9th, 1868, Professor Virchow delivered a popular lecture on "Famine Fever," for the benefit of the sufferers in East Prussia. Since then I have been informed by Dr. Zuelzer and by Dr. Goltdammer, also of Berlin, that relapsing fever prevailed extensively in Berlin during 1868 and the winter of 1868–69, after an absence from that city of more than half a century. A large number of patients suffering from it were treated in the Charité Hospital, where many of the nurses and medical officers contracted the disease. Dr. Goltdammer himself had an attack of it, and had the goodness to present me with a table of his temperatures dating from the first day of his attack, and illustrating in a typical manner the peculiar characters of relapsing fever. The attack in his case, it may be observed, did not commence till six days after travelling 200 English miles from Berlin to a locality where relapsing fever was not prevalent; so that the latent period was *not less* than six days. It is clear, then, that relapsing fever was prevailing extensively in Prussia before it appeared in London; and although neither at the German nor at the Fever Hospitals in London could the first cases be traced directly to importation, the circumstances connected with the first cases observed in the Fever Hospital, coupled with the fact of several destitute Germans being admitted with relapsing fever shortly afterwards into the German Hospital at Dalston,‡ seem to point to the probability of the disease having been imported in the summer of 1868 from Germany. It may be added that I have been unable to discover any evidence of the existence of relapsing fever in Scotland or Ireland, whence on former occasions it has been imported into England. There is no mention of it in the recently published reports of the fever hospitals of Glasgow and Cork.

For nine months after the cases admitted into the London Fever Hospital in July, 1868, no other examples of the disease were observed there; but, as already stated, between September 1st, 1868, and February of this year, 7 Polish Jews were admitted with relapsing fever into the German Hospital. But in May of this year the disease was again observed in the Fever Hospital; and within the last few weeks the number of cases has so rapidly increased that there is now every probability of its becoming epidemic. The number of cases admitted in each month since April has been as follows:—

	Cases.
May	4
June	3
July	7
August	15
September	34
October (first day only) ...	7
Total	70

Of the 34 cases admitted in September, 23 were admitted in the last fortnight of the month; in other words, 30 of the 70 cases were admitted during the fifteen days ending with October 1st.

Of the 70 cases, 2 were contracted in the Fever Hospital; the remaining 68 were brought from nineteen of the thirty-six parochial districts of London; but Whitechapel, which furnished the first cases to the German and Fever Hospitals, and Bethnal-green, have together supplied more than one-half of the cases. None of the patients, however, have come from the same houses, or even streets, as the patients admitted into the Fever or German Hospitals in the summer and autumn of 1868. The numbers from each district have been as follows:—

	Cases.
Bethnal-green	18
Whitechapel	17
St. Pancras	5
St. Giles's	4
Camberwell	3
Westminster	3
Lambeth	2
St. George-the-Martyr... ...	2
Chelsea	2
Shoreditch	2
Islington	2
St. Luke's	1
City	1
St. George's-in-the-East ...	1
Greenwich	1
St. Saviour's	1
St. Olave's	1
Kensington	1
Marylebone	1
London Fever Hospital ...	2
	70

Of the 68 patients, not one was a native of Germany or Scotland; only 5 had been born in Ireland, and 4 of the 5 cases had resided in London for many years before their attack, while the fifth case (admitted in June) had resided in London for three weeks before being seized. The remainder, although in great part of Irish extraction, have been natives of England, and had resided in London for many years or all their lives. With few exceptions, however, they have all been in a deplorable state of destitution; and many of those admitted within the last week have recently returned from hop-picking in Kent, where they have been sleeping in barns and under hedges, and eating unwholesome food—one patient, for instance, stating that he had eaten nothing for weeks except turnips and unripe fruit. The ages of the patients admitted have varied from twelve months to forty-nine years. A child now in the hospital, aged twelve months, has had a well-marked attack of the disease, from which his mother and other members of the family have also suffered; and a nurse who has been in the hospital for nearly twenty years, and who caught the fever in the performance of her duties, is sixty-one years of age. Both this nurse and a gentleman doing temporary duty as resident medical officer, and who also contracted relapsing fever, had previously passed through attacks of typhus fever.

The disease has presented all the characteristic features observed in former epidemics. The pyrexia has set in suddenly, the temperature often rising within the first twelve hours to 104° or 105° Fahr., and the pulse to 120 or higher, and has been accompanied by severe headache and muscular

* Easington's-buildings and Inkhouse-court are about a quarter of a mile apart. They are both *culs-de-sac*, very narrow, and densely populated, the former by Irish, and the latter by foreign Jews—all very poor.

† See the *Medical Times and Gazette* for December 19th, 1868, and THE LANCET for February, 1869.

‡ One of the patients had only been eight days in England before admission into the German Hospital.

and arthritic pains, sleeplessness, but no impairment of the intellect, painful enlargement of the liver and spleen, in many instances frequent and distressing vomiting, and in some slight jaundice. These symptoms have subsided suddenly, with profuse perspiration, about the fifth, or oftener on the seventh day; in a few hours the pulse may fall from 128 to 84 or 60, and the temperature from 104° or 105° to 99° F. A little sickness and hepatic tenderness may remain for a day or two, but, as a rule, the patient at once regains his appetite, and may be up and wishing to leave the hospital; when, on the fourteenth day from his first attack, he has an abrupt relapse of all his former symptoms, lasting for three or four days, and subsiding in the same way as before. Quinine in twenty-grain doses has proved useless in preventing this relapse.

Although a much more *painful* illness than either typhus or enteric fever, the mortality of relapsing fever in all epidemics has been remarkably small, varying from 2 to 5 per cent., and not one of the cases admitted into the Fever Hospital since the reappearance of the disease has hitherto proved fatal. The attack, however, leaves the patient very weak and anæmic, and predisposes him to suffer from other diseases; and thus, as the spread of relapsing fever and typhus are favoured by like conditions, and both diseases are restricted to the poorest classes of the community, it has been a common observation that an outbreak of relapsing fever has been followed by an increased prevalence of typhus. There are grounds, therefore, for apprehending that during the ensuing winter the poor of London may be visited not only by an epidemic of relapsing fever, but by an increase of typhus, which for some months has been less prevalent in London than at any time during the last eight years.

Wimpole-street, October, 1869.

THE RATIONALE OF THE DECUSSATION OF NERVE-FIBRES IN THE CEREBRO-SPINAL AXIS.

By JOHN M. CROMBIE, M.A., M.B.

THE arrangement whereby one lateral half of the brain presides over the motion and sensation, not of its own, but of the opposite half of the body, appears to be brought about, not for the purposes of the brain itself, but in consequence of the pre-existing arrangement of nerve-fibres in the spinal cord. As far as the function of the brain is concerned, each hemisphere might have acted for its own side of the body; but inasmuch as the sensory nerves of the right side, on approaching that organ, are already ranged on the left side of the cord, it is just as expedient for the right motor nerves to cross over to the left to join them as for them to recross. According to this view, the decussation in the medulla oblongata is intended to compromise the decussation in the spinal cord, it being imperative that the two sets of conductors representing the same side of the body should lie together in the brain. If then, as is here assumed, the first decussation necessitates the second, the point to be determined simply is, what occasions the existence of the first? It is the object of this paper to point out at least one obvious reason why, in the spinal cord, the conductors of sensitive impressions from the right side of the body should be put into immediate communication with the motor nerves of the left side of the cord, and *vice versâ*.

"Professor Matteucci, nearly twenty years ago, found that when a nerve going to a muscle is put upon another muscle, a contraction takes place in the first when the second contracts. In this case the nerve receives an excitation at the time the muscle upon which it lies contracts. The cause of the excitation of the nerve, according to Prof. Matteucci, is a galvanic discharge, which accompanies the muscular contraction.....But, whatever be the right explanation, it seems certain that it is *some change in the galvanic state* of the muscle which causes the excitation of the nerve."*

The gist of these observations is, that every time a muscle contracts it generates a stimulus capable of exciting contraction in another muscle, if an appropriate nervous communication exists between them. It further appears, from the researches of Brown-Séquard in the same direction, that the degree of contraction thus secondarily induced varies according to the degree of contraction inducing it—being always directly proportional. We are entitled to infer from these facts that whenever a muscle or system of muscles contracts, under the influence of the will, a stimulus is generated capable of producing contraction to a definite degree in another muscle or system of muscles, without the further co-operation of the will, if only the medium required for conveying it thither be present. When, therefore, we advance one limb by a voluntary effort, as in commencing to walk, a certain force is engendered by the action of its muscles which is utilisable as a means of exciting a corresponding action, altogether independently of volition, in the muscles of the other limb. In other words, the movement of one foot by an order of the will yields a stimulus in the act which, if transmitted to its fellow, would induce, to a certain extent at least, a similar movement in it. The manifest benefit of an auxiliary force of this kind in sustaining the movements of ordinary locomotion would render the existence of some adaptation in the economy for the purpose of securing it a matter of *à priori* certainty. But the known disposition of nerve-fibres in the spinal cord is admirably fitted for the attainment of such an end, as will be readily perceived when viewed in this connexion. Let us suppose a soldier is directed to advance his left foot. A volitional stimulus immediately moves the foot into the required attitude, and in doing so elicits a stimulus from the muscles engaged which, according to experiment, is taken up by the sensory nerves distributed in them and carried to the spinal cord. Now, if the motor nerves, through which these conductors discharge their stimulus on arriving there, proceeded to the limb from which the stimulation was derived, the effect would simply be to produce a greater degree of contraction in the muscles of that limb. Such a result would, at best, be useless for the purposes of ordinary progression. But being reflected along the motor nerves of the opposite limb, in consequence of the cross-relationship of motor and sensory nerves in the spinal cord, the stimulus tends to set the right foot agoing. So manifestly is this the case that a counter volition is evidently required to keep the tendency in check when its effects are not immediately wanted. Drill-sergeants, for example, are distressingly sensible of the difficulty of restraining recruits for a time from the habit, so natural to them, of immediately stepping out when the order is given to advance the foot, instead of waiting, in obedience to the inviolable principles of military propriety, for the solemn word "March!" It is felt to be a relief to be allowed to proceed; and, the march once begun, the one limb appears to alternately reflect to the other so much of the stimulus necessary for the movement, that the will, so long as the muscles remain fresh, seems to be relieved of all concern in the transaction beyond the mere circumstance of suffering it to continue. This not only greatly economises the expenditure of vital force in walking, and takes an otherwise constant burden off the will, but it would seem to serve in the most direct manner to give regularity and precision to the movements of the limbs, and to preserve the balance of the body. It is just such a provision as is required to assimilate the co-ordination of the moving apparatus on the two sides of the mesial line to the complete action and reaction of a perfectly elastic body. For if the immediately preceding contraction of the muscles of one side genders the stimulus for the immediately subsequent contraction of those of the other, the rhythm thence resulting must be absolute in proportion to the absence of interfering causes. It never is absolute, perhaps as much as anything from the unavoidably controlling influence of the will, which is known to be productive of irregularity and awkwardness whenever it is perceptibly present in guiding the movement. But under the most favourable circumstances, when the muscles are fresh and the will is as much as possible in abeyance, the rhythm displayed by the human body in walking is wonderful, considering the multitude of separate muscles engaged, a defalcation of whose action in any degree would very sensibly detract from the entire result. Of course, there is no actual proof to show that the sensory fibres *coming from* a particular muscle are in direct continuity with the motor fibres *going to* the identical muscle on the opposite side; but it clearly appears from an experiment of

* Brown-Séquard: Physiology of the Central Nervous System, p. 6.

Brown-Séquard, instituted for a different purpose, that the sensory and motor roots that are *vis-à-vis* in the spinal cord are continuous channels for this kind of interchange.* It is highly probable therefore that such a relationship between individual muscles does exist.

It has further to be remarked, in corroboration of the interpretation here offered, that the tendency to alternate the limbs is noticeable among the earliest movements of the child, and is generally believed, as an instinctive action, to depend upon some primitive arrangement of the system. Nor is it to be forgotten that, corresponding to the superiority of man over all other animals in respect to the regularity and ease of his gait, we have the remarkable fact that the decussation in the spinal cord is found more complete in him than in any other known instance. Man was made to walk, and is incontestably the paragon at that exercise—a circumstance which, notwithstanding its advantages, a little frustrates his attempts at other modes of progression. Whenever the to-and-fro excitation is not available, the movement is laborious. This is particularly the case when, instead of the alternate, the consentaneous action of the two sides of the body is employed, as in swimming. The exhaustion which so speedily supervenes in movement in the water is, no doubt, greatly owing to the loss at each stroke of the volitional stimulus which is so admirably husbanded in walking. The action is similar to leaping, where a pause is required *per saltum*, not merely for the purpose of renewing the effort, but, as it would seem, to allow the muscles to discharge their stimulus, the benefit of which is thus completely lost.

Although no attempt has been made in the course of these remarks to explain why, when a decussation was necessary in the spinal cord, it should have been the sensitive, and not the motor, fibres that decussate, the reason why the choice fell on the former is sufficiently obvious when we reflect on the sequence of the phenomena in walking. The first step proceeds from a stimulus from the will conducted by the motor nerves. The sensory nerves are next called into action, and it is their business to transmit their message to the other side of the cord; hence the necessity for their decussation.

On these grounds, therefore, is based the conclusion that at least one object of the decussation of the sensitive fibres in the spinal cord is to economise the force, and harmonise the movements, necessary to ordinary progression.

Aberdeen, 1869.

DEATH FROM CHLOROFORM.

REPORTED BY

JAMES ALEX. ROSS, M.D., L.R.C.S.I.,

HOUSE-PHYSICIAN TO THE NORTH STAFFORDSHIRE INFIRMARY.

THE medical and general public have no doubt heard before this that another fatality has occurred from the inhalation of chloroform. The following particulars of the case will probably prove interesting.

It became necessary to perform castration on Alfred B——, a miner, aged fifty, who was accordingly admitted into the hospital. He had always been in good health except for some weeks, when he was affected, so far as I could learn, with melancholia, and was an inmate of a lunatic asylum. This was, I believe, some years ago, and since then he had complained but little, except of occasional pain in the head and tinnitus aurium.

At 3 P.M. on Saturday, Sept. 11th, I proceeded to administer chloroform to this patient, using for the purpose the best Scotch chloroform, and employing as inhaler a piece of lint folded once and made into the cone or Phrygian cap shape. I believe this to be the safest mode of administering the drug, as the loose texture of the material and the shape are both calculated to allow of the admixture of a large proportion of air. There were present at the time two honorary surgeons and an honorary medical officer, the latter of whom kept himself informed of the state of the patient's pulse, having his finger on it during the whole time. When I had administered the first dose, which consisted of about twenty drops, I proceeded to administer the second one, but as I was about to apply it to the patient I was warned to desist, as his pulse had suddenly ceased. In an instant all appliances were brought into use for the purpose of restoring the patient—namely, ammonia, electricity, and Dr. Silvester's method of inducing artificial respiration, the tongue being drawn well forward. These measures were persevered in for one hour, but without effect. The great efficacy of Dr. Silvester's admirable method was patent to all; large volumes of air entered and were expelled from the lungs. Phlebotomy was also performed at the bend of the elbow, and from the wound there flowed, by the aid of friction made continuously in the same direction (from the hand to the elbow) one ounce of intensely dark-red blood. Before the efforts to restore life were given up, hypostatic congestion set in along the back and sides, and the cutaneous surface of the legs became mottled.

The autopsy was made on Monday, the 13th, when the following appearances were found:—On proceeding to examine the head, fluid black blood flowed from the preliminary incision; the same flowed from the vessels of the brain. The dura mater was adherent to the calvaria; the pia mater and arachnoid were of an opaque white colour, especially at the base of the brain, and a small quantity of thick serо-purulent matter escaped from the middle subarachnoid space when it was opened. The contents of the cranium otherwise appeared normal. The heart was a little larger than usual and flabby, being invested with a little more fat than is generally found; it contained a small quantity of fluid blood of the same dark colour in the chambers, and the substance of the walls also was dark-red. The visceral and parietal layers of the pleuræ were connected, but not closely, for the adhesions were sufficiently long to admit of extensive motion of the organs. The other viscera were normal.

Reviewing all the ante- and post-mortem facts connected with the case, I am inclined to think that no organic disease played any important part with regard to its unfortunate termination. True, there were morbid appearances found on the brain; but I remember well giving chloroform to a woman who had cancerous deposits in almost every organ of the body, and a malignant tumour on the posterior part of the brain, and yet this woman bore well the administration of the anæsthetic during a tedious operation, but died a few days afterwards. Next, the heart was found rather large and flabby, but I believe that this state was not the result of disease, but simply due to the rigor mortis being either totally absent, or setting in imperfectly and remaining but for a short time. If we accept the theory that rigor mortis is due to coagulation of the blood, which is a very tenable one, we shall be able to account for the flabby condition of the heart. 1st. There was no rigor mortis at any time when I saw the dead body, and I visited it frequently, so that if it occurred it must have been of very short duration. 2nd. Fluid purple blood flowed from every cut. 3rd. Some blood, which was also purple, ran out of the heart as it was being taken out, leaving the heart completely empty. 4th. The cardiac walls themselves were very dark. 5th. The fluid which escaped from the lungs also was of the same colour. Toxicologists maintain that chloroform produces paralysis of the internal organs by acting on the nerve centres through the blood; this being the case, the heart ceases to contract, and remains in the dilated, soft condition, no rigor mortis setting in with sufficient power to cause its contraction. Indeed, we should expect beforehand that there would be little or no coagulation after death from chloroform, as oxygen is the chief agent in promoting the action of the fibrino-genetic and fibrino-plastic substances one upon the other. And it is no doubt this deficient supply of oxygen which causes the temperature of the body under chloroform to be lower than normal; for the oxygen being in part absent, the chemical union between the carbon, the residue of the used-up tissues, and the oxygen, cannot take place so as to form carbonic acid; therefore one of the sources of heat is gone.

It is very probable that there are idiosyncrasies in some persons which render them peculiarly liable, independent of any disease, to death from chloroform, just as we find that one application of acid nitrate of mercury to a very limited sore will in some persons produce violent salivation—that one dose of iodide of potassium will occasionally produce all its train of symptoms on a susceptible person—and, to adopt a more homely example, that an individual

* See Physiology of the Central Nervous System, p. 35.

sometimes becomes sick, or even dangerously ill, from eating shell-fish, or, more strange still, mutton.

The patient to whom I administered chloroform a few minutes before the unfortunate one whose sad end is the subject of this report has extensive disease of the heart; and since then I have administered it to another patient, who has likewise very advanced cardiac disease. This patient was also very nervous, and although he asked for chloroform, yet he was continually saying that it would "kill him," and asked me repeatedly to feel his pulse and put my hand on his heart. These patients bore it well.

Prof. Syme's remarks on chloroform in THE LANCET of 20th Jan. 1855, and Dr. Crisp's in the same journal of 4th June, 1853, are very practical: both gentlemen think that death is not so often due to disease of the heart as supposed. Dr. Crisp says that of forty-two deaths collected by him up to that date, "only five occurred to patients over forty years of age, and twenty deaths took place in patients under thirty," up to which age it is not likely that any degenerate changes would take place.

The coroner's jury brought in the following verdict in this case:—That the deceased had died from the effects of chloroform, properly administered, by duly qualified practitioners, for the purpose of rendering him insensible to pain while undergoing an operation.

September, 1869.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

"DREADNOUGHT" HOSPITAL SHIP.

EXCISION OF HEAD OF FEMUR WITH GREAT TROCHANTER FOR HIP-JOINT DISEASE; SUBSEQUENT PERFORATION OF THE FLOOR OF THE ACETABULUM FROM EXTENSIVE CARIES; DEATH.

(Under the care of Mr. ROOKE.)

THE chief interest of the following case consists in the information it affords concerning the influence of resection of the hip on the progress of carious disease in the acetabulum. It has been recently suggested that caries of the floor of this cavity need not be considered as a contra-indication of the operation, or even as a likely cause of its failure, since the removal of the diseased head of the femur from its socket and a large external wound favour the elimination of the carious bone by natural means, and ultimate cure. The clinical history of Mr. Rooke's patient, however, proves the necessity of hesitation and great caution in applying these views in practice. At the time of the operation, the chief seat of the disease was the upper end of the femur, including the neck and the two trochanters; this was detached by the saw and removed, exposing the floor of the acetabulum, which, though stripped of its articular cartilage, was composed of hard and apparently sound bone, and presented but slight traces of active disease. The case at first promised favourably, but at the end of the fourth week the progress towards recovery was arrested, and profuse suppuration, acute pain in the hip, and, finally, symptoms indicative of intra-pelvic effusion, resulted in the death of the patient fourteen weeks after the excision. At the autopsy, the upper extremity of the femur was found capped with organised lymph, and in a very satisfactory condition. The acetabulum, on the other hand, was extensively affected, its floor perforated in several places, and the surrounding bone converted into an uneven, soft, and carious mass—the result of disease, the activity and speed of which had increased to a very great extent after the removal of the head of the femur.

Joseph F——, aged eighteen years, a thin and excitable lad, was admitted into the Seamen's Hospital on Oct. 21st, 1868.

Previous history.—Commenced a seafaring life as a cook on board a coasting vessel in the spring of 1864. Had very good health up to the month of November of the same year, when, after prolonged exposure to wet and cold, he complained of general uneasiness, and subsequently of stiffness and severe pain in the right hip. The local symptoms increased in severity, and, in spite of treatment and rest for nine months in the Swansea Infirmary, rendered the lad perfectly helpless. He was then sent to London, and resided with a relation up to the time of his admission into the "Dreadnought." When first seen by Mr. Rooke, the patient presented well-marked symptoms of morbus coxarius. There was no abscess. He was kept at perfect rest in bed, and treated by the administration of tonics and the occasional application of the actual cautery. At the end of the year he had recovered so far that he was allowed to get up. The joint at this time was free from pain. A heavy fall in the ward in February, 1869, was followed by acute pain in the hip, painful muscular spasms, and severe general reaction. Abscesses formed rapidly at the upper part of the thigh, from which there was a profuse discharge of thick, greenish pus, which could not be arrested. In consequence of the increasing debility and emaciation of the lad, and symptoms of hectic, excision was decided upon, and performed on May 21st.

Operation.—A long straight incision was made from above downwards over the great trochanter. After a considerable thickness of soft and infiltrated tissue had been cut through the upper portion of the femur was exposed. The head of the bone was found to be firmly fixed in the cotyloid cavity. By forcibly adducting and flexing the limb the end of the femur was thrust through the wound. The head was denuded of cartilage, flattened, and irregular in shape; the neck and great trochanter were also much diseased. The saw was applied at first just below the great trochanter; but as the cancellated tissue was found diseased at the level of this section, another slice of the femur was removed. The acetabulum was quite bare of cartilage, but the form and depth of the cavity were but slightly altered. A gouge was applied to the exposed bone forming the floor and margins of the cavity, but, as this was firm and vascular, only a small portion was removed. The edges of the incision were brought together by sutures, and the limb fixed by the usual long splint.

For the first three weeks after the operation the patient did well. The emaciation persisted, but the hectic ceased; the appetite returned, and the general condition was much improved. The wound, though extensive, became rapidly filled up by granulations. A great tendency to shortening and adduction was counteracted by abducting the limb and keeping it extended by weights.

At the end of June there was an unfavourable change. The upper part of the right thigh began to swell and to become œdematous, and there was an increase in the amount of discharge. His rest and mental condition were much disturbed by severe pains, which radiated from the seat of operation along the front of the thigh and leg to the foot. These were relieved only by repeated injections of morphia under the skin. From the 24th June the patient became gradually worse. Extreme general emaciation was masked in the lower limbs, especially in the left leg and foot, by extensive anasarca. The purulent discharge from the right thigh persisted, and the œdema and severe pain over the iliac region indicated deep-seated suppuration in the pelvis. At the end of August the patient passed suddenly into a state of unconsciousness, from which he but partially recovered; and, after occasional delirium, he died on the evening of September 5th.

Post-mortem examination.—Lower limbs and scrotum very anasarcous. In front of right femur two large abscesses leading up to the seat of operation; back part of thigh traversed from gluteal region to popliteal space by a third purulent sac. Upper extremity of right femur closely embraced by fibrous and muscular tissues; the surface left by the saw covered by a thick layer of tough organised lymph. Acetabulum occupied by upper part of femur; osseous tissue around the cavity much diseased; and the floor perforated

by three orifices, two of which communicated with intra-pelvic abscesses, the third with a large collection of pus in the right iliac fossa. The portions of innominate bone beyond the carious and blackened tissue surrounding the cotyloid cavity were quite sound. Both lungs occupied by very numerous nodules of miliary tubercle. Right kidney lardaceous; the left affected with extensive scrofulous disease. Liver pale; weight 2¾ lb.

MISCELLANEOUS CASES.

KING'S COLLEGE HOSPITAL.

Herpes occurring during an arsenical course of treatment.—The following case seems to favour the views of Mr. Hutchinson regarding the production of shingles after the internal administration of arsenic. A woman affected with chronic psoriasis, who some time previously had been treated by large doses of arsenic, but had been compelled to discontinue the remedy in consequence of suspicious symptoms, came under the care of Dr. Duffin on Sept. 3rd. Smaller doses of the liquor arsenicalis (three minims to be taken thrice daily) were ordered; and this treatment was continued up to the 19th, when itching of the conjunctivæ and a whitish tongue indicated the full action of the remedy upon the system. At the same time the patient complained of an aching pain in the right shoulder and elbow, which on the following day was associated with a copious and well-marked eruption of herpetic vesicles over the integument of the arm and forearm. No other part of the body was similarly affected.

Spina bifida in an adult cured by puncture.—Mr. Henry Smith has recently had under his notice in the out-patient department of the same hospital a man whose history, from a surgical point of view, is of great interest. The patient, who is thirty-two years of age, and the father of four children, had previously been affected with a large congenital swelling over the sacrum. The tumour was soft and fluctuating, extensively attached and without any constricted base, and covered by thin and tense integument, which frequently became inflamed in consequence of pressure or of slight blows. The tumour, which was undoubtedly due to spina bifida, had been punctured on several occasions, but without any permanent results. Some months since Mr. Smith again made a small puncture, and drew off 22 oz. of transparent serous fluid. This operation was followed by acute inflammation of the walls of the cyst, and severe general reaction, which placed the life of the patient in great danger. He made, however, a very good recovery, and now presents no trace of his former lesion, with the exception of a slight fulness of the integument and a distinct depression in the centre of the sacrum.

GUY'S HOSPITAL.

Repeated lithotomy.—By a singular coincidence there have been recently in the surgical wards of this hospital two patients who have each undergone on more than one occasion the lateral operation for stone. One case, under the care of Mr. Cooper Forster, was that of a man, sixty years of age, on whom lithotomy was performed in December, 1850, again in April, 1851, and, for the third time, on the 31st of August last. In each of the two early operations the calculus was of a brown colour, and crumbled under the forceps. The one recently removed was phosphatic, and of the size of a large kidney bean. This man had for some years been affected with a tight urethral stricture, complicated with a perineal fistula, through which most of the urine was passed. Mr. Forster cut into the bladder with a probe-pointed bistoury, which was passed along the groove of a staff introduced through the perineal opening. This patient has since done well. The subject of the second case is a middle-aged man, who has been twice cut for stone, by Mr. Durham, since the commencement of the year 1868. The calculi in this case were also soft and phosphatic. The old symptoms have returned, and the patient is about to undergo a third operation. In consequence of the extremely sensitive state of this man's urethra, and of the intolerance of foreign bodies in this canal, lithotomy has been decided upon as a preferable proceeding to crushing.

LONDON HOSPITAL.

Malignant disease of the testicle.—Mr. Maunder has at the present time under his care a case which illustrates very well the rapid and disastrous progress of malignant disease of the testicle, and also indicates the great importance of a close examination of the inguinal and abdominal glands in the diagnosis and treatment of scrotal tumours. The patient is a pale, cachectic-looking man, twenty-seven years of age, whose right testicle was removed some three months since at another hospital. The corresponding side of the scrotum is now occupied by a large and foul ulcer, with exuberant granulations; the stump of the spermatic cord is much swollen; the inguinal glands on the same side are enlarged and indurated; and the hypogastric and right inguinal regions are distended by a large tumour, which is evidently formed by diseased glands. This case, moreover, shows the necessity of an examination of the scrotum in instances of obscure abdominal tumour; as an enlarged testicle, or an absence of the organ through surgical interference, will at once indicate pretty clearly the nature of the disease.

Provincial Hospital Reports.

ROYAL SURREY COUNTY HOSPITAL.

COMPOUND COMMINUTED FRACTURE OF THE FEMUR.

(Under the care of Dr. STEDMAN.)

For the notes of this case we are indebted to Mr. Hopgood, house-surgeon.

J. P——, aged forty-five, was admitted March 6th, 1869, suffering from the above fracture. The patient was knocked down by a horse, and the wheel of the waggon passed over his thigh.

Upon admission he was found much exhausted. He was placed in bed, and hot brandy-and-water given to him. Upon removing his trowsers, which were covered with blood, a severe fracture of the femur was discovered, the fragments moving about like a number of stones in a bag; there was also a large wound on the outer and under side of the thigh, and another on the anterior surface. The leg was placed on a long splint, the wound dressed with carbolic-acid lotion, and a bandage applied over it. In three hours' time the foot was very cold and feeling was almost entirely gone, but he did not complain of pain. The bandage round the upper part of the thigh was then loosened, hot water bottles applied to the feet, and twenty-five minims of tincture of opium administered.

March 7th.—Passed a comfortable night; foot warm; makes no complaint of pain.

8th.—Removed bandage and lint from wound; no suppuration; looks healthy. Bandage and lint to be reapplied.

12th.—Removed carbolic-acid lint; there is a little suppuration, but the wound is now superficial. Small wound healed. To have it dressed daily.

29th.—Has continued to improve up to this time, and has felt no pain in leg from the first. Bandage and splint removed. Wound nearly healed. Splint reapplied.

May 20th.—Bandage and splint removed; wound healed; starch bandage applied. To get up.

June 1st.—Allowed to use crutches.

6th.—Starch bandage removed.

10th.—He left the hospital this day, being able to get about with a stick and crutch. Leg a quarter of an inch shortened.

THE INTERNATIONAL MEDICAL CONGRESS AT FLORENCE.

WE have been favoured with the following letter from Dr. W. Tindal Robertson, of Nottingham:—

Florence, Sept. 22nd, 1869.

I came on here from Venice, on Saturday, 18th, in order to attend the first meeting of the Congress, which, according to the programme which I received from the secretary last week, was to commence on Monday. On arriving, how-

over, I found (much to my regret, having arranged to leave Florence on Saturday) that the opening of the Congress was postponed until the 23rd; whether in consequence of the military manœuvres which are attracting the whole of the city to the neighbourhood of San Lorenzo, or of the inability of one or two distinguished foreign *savans* to attend before the 23rd, I could not ascertain. Both hypotheses were broached in my hearing, and discussed with much zeal and learning.

Making a virtue of necessity, therefore, I have been "doing the sights." Now, these in "Firenze la bella" are thick as the leaves in (adjacent) Vallombrosa. Statues, pictures, and all kinds of art treasures, exist in such profusion that to "do" them, in the ordinary acceptation of the term, would require weeks, if not months. So, by the advice of a learned Theban, who was my travelling companion from Bologna, I went straight to my goal, and having strolled round the marble-clad walls of the Cathedral, and through some of the miles of galleries scattered through the city, I halted only before Canova's Venus, Raphael's Madonna, and the bronze gates of the Baptistry—three objects alone worth crossing the Alps to look upon. One need not be an art critic to recognise with delight and admiration the glorious genius which created such works as these. Differing as they do in character, they have all one grand common feature—they are true to nature. And in this, that men instinctively feel their truth, we recognise the highest triumph of creative art.

Turning from these attractive to more everyday, and yet, to travelling Englishmen, very important matters, I must record my agreeable impression of the immense steps which have been made in the cleanliness and sanitary arrangements of the large towns of Italy through which I have lately passed. In this respect it now much surpasses Germany. Frankfort, never very conspicuous for its good odour, seems now, in the matter of stinks, to surpass Cologne; and in Munich, that otherwise delightful halting place, the health arrangements are so bad that a friend of mine advised me to visit "the three necessary objects," the Glyptothek, the Pinakothek, and the Apothek; "and then," he said, "you will be glad to be off as soon as possible." In Italy, on the other hand, not only is more attention paid to personal and household cleanliness than before, but—I speak on the authority of a gentleman who has spent thirty years in the country—under the careful superintendence of the present Minister of Public Works, the wretched system of sewerage, which alike disgraced and debased the population, is undergoing a gradual process of renovation, founded on approved principles of modern science. The busy and cheerful aspect of the towns, the dismantling of tumble-down huts, and the erection in their stead of new and commodious habitations and business premises (which struck me particularly on the quays in Venice), and the excellent cultivation of the soil which one sees on every side, all seem to augur well for the material prosperity of this favoured land, now that she feels herself free from foreign rule. The eloquent words which M. Bouillaud addressed, at the Congress to-day, to the capitol city, may be fairly applied to the country generally: "Salut, ville de Médicis, Athènes de l'Italie, ton nom est comme l'emblème de ta glorieuse destinée. N'est-ce pas ici que sont ecloses les plus belles fleurs de l'esprit humain?"

The members of our profession who attend this, the second International Congress of Medicine, will have no reason to complain of the reception accorded to them by the Florentine Committee. A suite of most elegantly-decorated rooms on the first floor of the principal hospital, approached through an avenue of shrubs and flowers, and adorned by pictures and statuary, is open daily from ten till midnight for their use. A reading-room, supplied with French, English, German, and Italian papers, and with a library of reference, has also been prepared. A small guide is presented to the stranger, which is truly a *multum in parvo*, and which, besides containing all necessary information, literary, artistic, useful, and for the amusement and refreshment of the inner man, concludes with a diary in which the visitor may record his impressions and register his appointments for each day. And at the end of the Congress, a first-class railway pass on any of the Italian railways, "vale per i treni diretti," will send the doctors rejoicing on their way. I devoted four hours on Tuesday morning to a careful inspection of the great hospital "de S. Maria Nuova," founded by Folco Portinari in 1288. It contains, in addition to the wards for clinical medicine and surgery, and midwifery (which latter are divided into Puerperio e Gravidanza Normale, and Puerperio e Gravidanza Anormale, and struck me as the best arranged of the whole), a large ward devoted to diseases of children, and two enormous wards for males and females, each containing more than two hundred patients. Two small sentry-boxes in the middle of the cruciform-shaped wards are devoted to the Director and Assistant-Director respectively, and a smaller one is occupied by a sister of mercy, who acts as superintendent of nurses. Of these the proportion is one to about fifteen patients. Although the wards are lofty and spacious, and moderately clean, there is an absence of that appearance of comfort which characterises our English hospitals; and I noticed, especially in the children's wards, a cold and cheerless look which contrasted strongly with the bright and pleasant home in London, with its toys, its pictures, and other contrivances for the comfort of its little inmates. There were no serious surgical cases in the hospital at the time of my visit. M. Vecchieti, of Florence, who kindly accompanied me on my visit, could not, having only recently attended the clinique, speak positively as to the amount of erysipelas and pyæmia compared with other large Italian or foreign institutions. It seems, however, that all cases of this kind, together with fever cases, are removed and treated in separate parts of the building. Hæmoptysis and rheumatism seemed to prevail largely, and Bright's disease is also common, in consequence, probably, of the frequent changes of climate.

The Museum is rich in anatomical and pathological preparations. The upper part of the body of a woman in whom ossification of the muscles commenced at the age of fifteen, and proved fatal by the extension of the disease to the muscles of mastication and deglutition, is one of the most curious preparations. There are also here some beautiful drawings and wax models of skin diseases; and enclosed in a separate case are the microscopical preparations of Pacini, with the following inscription:—"Emicet in minimis maximus ipse Deus. Natura nunquam magis quam in minimis tota.—Museo Micrographico, 1861." Here also are the celebrated petrified anatomical preparations of Segarto, and the Medical Library, removed temporarily during the Congress for the use of its members.

Sept. 23rd, 1869.

I have just returned from the first meeting of the Congress, which promises to be a great success. It was held in a large hall (formerly a chapel) annexed to the offices of the Minister of Public Instruction. The chair was taken by the Minister, M. Bargoni, who opened the proceedings by an introductory address of congratulation and welcome.

Dr. Palasciano, of Naples (Member of the Italian Parliament), one of the vice-presidents of the first Congress, and to whose energy and foresight the arrangements of the present meeting are mainly confided, gave a recapitulatory account in French of the organisation and intentions of the present assembly, and enlarged very tersely and eloquently upon the advantages to be derived from this and future international meetings in the cause of suffering humanity. I hope to send you his address in my next letter.

After a brief opening address in Latin by Dr. Salvatore de Renzi, of Naples, the President, a very spirited extemporary speech was made by Prof. Bouillaud, ex-President, which was delivered with energy, and (contrasting very favourably in this respect with the other addresses, which were all read) was received with great applause.

The officers of the Congress were chosen, and the regular business began. Of this and the subjects of discussion, I hope to give you a brief account in a second communication.

SIR R. MURCHISON has received a letter from Sir S. Baker, stating that he is ready for a start up the Nile, and that he and his party are all well. He expects to hear of Livingstone when he arrives south of the Albert river.

THE Leeds Town Council has resolved to send an invitation to the Social Science Association to hold their next meeting in that town, on the understanding that the amount required for expenses, about £700, would be met by private subscriptions.

THE LANCET.

LONDON: SATURDAY, OCTOBER 9, 1869.

WE record this week the proceedings of two gatherings which took place in connexion with St. Bartholomew's Hospital on the opening day of the Winter Session. At one of these, we hear the Students bring accusations of a very grave nature against the governing body of the hospital, and charges scarcely less serious against the officers of the Medical School. At the other the representatives of the School congratulate the governors and each other on the prosperity of the institutions over which they respectively preside. The expressions of the two assemblies present one of the most remarkable contradictions that ever came under our notice. The cry of the one is that all is wrong, of the other that all is right.

It is not our present intention to pass in review all the points raised by the Students at their meeting; but some of the statements made at the dinner require notice, especially as compared with those of the pupils. We pass by the melancholy congratulations of the Chairman on the flourishing condition of the School, to come to the speech of Mr. PAGET, who occupies a position of such eminence before the public, and is so universally and deservedly respected by the profession, that every word that falls from him on any public occasion carries weight. The assertion that complete concord exists between the governors and the medical staff in the discussions about the administration of out-patient relief, that the matter is still under discussion, and that they are at unity in design and purpose in solving the difficulty, if allowed to go before our readers without comment might be calculated to create the impression that the Students have assumed an altogether unjustifiable position, and would not tend to hasten the settlement of questions urgently pressing for solution, if, indeed, we are to believe that it is better to recognise the difficulties of the situation than to ignore them. The key to the right interpretation of these expressions is to be found in another, quoted from the same speech—"that delay is not synonymous with discord." The terms "complete concord" and "unity of design" must be taken in a negative sense, as implying that there exists no active discord between the staff and the hospital governing body.

The facts, so far at least as they are within our knowledge, are, that the Medical Council of the hospital (the Treasurer's professional council)—a body consisting of the senior members of the staff, and invested with no legislative power,—did, several months ago, send in certain recommendations relating to the out-patient and casualty departments; but we are under the impression that no action has been taken in consequence, still less any direct communication between the staff and any body of governors. Such we believe to be the *status quo*, such the concord and unity in design. There can indeed be no active discord between parties who have hitherto had no communication or transactions with each other.

We have the less hesitation in expressing this view of the relations existing between the staff and the governing body, as we find ourselves corroborated as to facts by a correspondent, to whose letter in another page we refer our readers. With regard to the general reference to the governors of the hospital, we would point out that of this body, numbering some four or five hundred members, only the few who are almoners or members of the committee have any direct voice in the management of the hospital. We are assured that "the medical men on the board of governors will give the right word at the right time and place;" and, for the reputation of so great an hospital and so famous a school, we heartily hope that the right time and place are not far distant.

So many pressing matters of professional interest have of late occupied our attention, that we have had neither leisure nor space for considering Mr. JOHN STUART MILL'S work on the "Subjection of Women." In deference to the wish of several of our correspondents, we will, however, without attempting any elaborate discussion, express some of the objections to his views and those of the same school which appear to us to lie, as it were, upon the surface. Like every production of its author, "The Subjection of Women" is clearly and thoughtfully written; but it fails to carry conviction to our minds. The construction of an essay in the retirement of a study, where obstacles can be easily disposed of, is one thing; but it is quite another thing to encounter and overcome, in detail, the difficulties which practically meet us in real life: and this question of the subjection of women is environed with difficulties of a practical character. We see no reason for substantially modifying the views we expressed in an article on the occasion of Miss BECKER'S paper being read before the meeting of the British Association at Norwich. We have no desire to curtail woman's sphere of usefulness, or prevent her from engaging in an active competition with man; on the contrary, we hold that, viewing the enormous amount of energy now wasted, it would be cruel to bar the door to anything likely to lead to some amelioration of the condition of thousands of women doomed to inactivity and poverty from the small number of occupations open to them. There are several of these for which they are specially fitted, but from which they are now either wholly or partially excluded by the presence of men who might well be engaged in more manly or arduous duties. By all means let these occupations be made available for women. But there are spheres where they already exercise great if not exclusive influence, and where the presence of well-trained and intelligent women was never more required than now. The enormous number of governesses is truly lamentable; but how many of them have no aptitude for their work, or are unfitted by nature or education for it. When the question of public education has been settled on some fixed basis, and the State recognises the duties which it owes to all individuals alike, instead of only taking care to impose duties upon them for the well-being of society, there will be ample

scope for the employment of women in our national schools, in instructing children not only in matters of a general or technical education, but in those which more especially belong to them as human beings in their domestic and social relations, and of which they are now so lamentably ignorant. How few girls really know anything of the management of a household, or about the proper dieting, clothing, and care of infants and children; and yet the lack of this knowledge brings poverty on themselves and is a source of disease and sorrow to others. How many a puny creature owes a feeble frame and delicate health to the ignorance of those who tended it in infancy or childhood.

We cannot help asking ourselves whether women would be really benefited by exercising the suffrage, by obtaining a place in Parliament, or by competing for several employments now followed almost exclusively by the male sex. Many women are no doubt quite as well fitted, to say the least, to exercise the franchise as many of the men who now do so; and, according to our experience, the feminine mind is an eminently conservative one. Were women voters, we believe Mr. JOHN STUART MILL, the Radical, would stand very little chance of a seat in Parliament against Lord Nobody, the Conservative. We have sometimes wondered that so astute a man as Mr. DISRAELI had not perceived this, and thrown the weight of his influence in favour of female suffrage. By so doing, he would have administered a heavy blow to all economical administrators of the JOSEPH HUME type. But if women succeeded in occupations now followed by men, the rate of wages would be affected, the working man and his family would be rendered worse off by the competition, and there would be fewer marriages than at present—a result which most women, at any rate, regard as undesirable. It is urged that we cannot argue as to the fitness or capacity of women to discharge these duties, because we possess no data and no experience to guide us. They have never had a trial; on the contrary, their education has been of a character designedly opposite to that which would fit them for hard and sustained intellectual occupations. We are not, however, by any means sure that this statement exactly expresses the whole truth or includes all the facts of the case. There have been hundreds of men in all ages whose enterprise, genius, and energy have enabled them to surmount obstacles every whit as great as those which can surround a woman. SHAKESPEARE and BURNS may be named among poets, besides numbers of theologians, philosophers, painters, and composers. These have severally achieved great reputations by the force and energy of their character or the power and originality of their conceptions. The analysis of the distinctive qualities of the sexes is extremely well given by Mr. LECKY in one of his late volumes. Women unquestionably possess a nimble, subtle kind of intellect: they are quick observers, and patient—qualities which are no doubt of importance in physicians. But if the two sexes were educated together at our medical colleges, it could only be at the expense of many of those qualities for which women are admired, and by which their influence—which is not by any means small—is exerted. It would scarcely be practicable, with our English ideas of morality and of the social relations of the sexes, to teach an audience of young men and women all the facts of anatomy and physiology, or to dwell upon those connected with diseases of the sexual organs or their results; and to omit them altogether would be to leave out of consideration some of the most important pathological facts. Only those who are really prepared to face all these things should enter on the study of medicine. The number of consulting physicians in our cities and large towns is relatively small to that of general practitioners scattered throughout the country districts. The latter have to undergo much hard work in the practice of their profession, to ride at night, often to travel long distances, and to fast, or get their food when and how they can. Now it is scarcely probable that the lady doctors would all possess such conspicuous abilities as to command consulting practices; and the question arises, how are they to undergo the physical fatigue of an ordinary one? Of course there are some women whose physical and intellectual powers are alike great; but these form the exception, and they are generally as remarkable for the masculine qualities of their bodies as for those of their minds.

While we fully agree that it is a mark of the lowest and most depraved form of civilisation for women to be reduced to the position of being little more than slaves to man's passions or child-bearers, we do not think that anyone acquainted with the physiology of the female organism could deny that they would, in this respect, labour under grave disadvantages in the race with men. Philosophers and men of abstraction may, but practical every-day people cannot, ignore these distinctions. As long as it is the fashion of this world to "marry and be given in marriage," just so long will natural instincts propel the majority of young people in that direction, spite of philosophers. The physical education of girls has been, and is still, bad; and their system of mental training is not much better. Instead of putting the minds of all girls through the same vicious educational mill, totally regardless of their tastes, and frittering away their time on music for which they may have no ear, and drawing for which they may have no aptitude, how much better it would be to exercise some discretion in teaching these accomplishments. Why should not girls be taught the rudiments of logic, be scientifically instructed in the rules of arithmetic, and taught something of the principles of geometry and natural science. Then the hygienic aspects of modern education are radically defective. The absence of proper physical training and healthful out-door exercises, as a relief to the close and stuffy school-rooms in which girls are too often confined, has to be charged with much of that subsequent delicacy, feeble health, and proclivity to hysteria to which the female sex is relatively so liable. Every girls' school should have its playground and gymnasium. But there are several occupations for which we hold them unfitted, just as they would be for a military life, spite of the body of Amazons in the service of the King of Dahomey, or in that of a late king of Oude, where, as General SLEEMAN tells us, he saw a female sentry in an advanced stage of pregnancy "presenting arms" to him on the occasion of his visit to that potentate. It will be said that we must still provide for the case of the large number of unmarried

women. Be it so. In the human struggle for existence the victory will remain with the possessor of the most powerful and best-trained intellect; but where the mental qualities are equal, the possession of superior physical powers, such as men undoubtedly enjoy, will make all the difference nevertheless.

IN referring last week to the terrible prevalence of cholera over a great extent of country in India, we adverted to the character of the water-supply. The recently published Report of Dr. MACNAMARA, on the Analyses of the Potable Waters, proves to demonstration that the source and method of supply are of a most unsatisfactory kind in the Bengal Presidency. The results of these analyses are discreditable to those charged with the administration of the affairs of the country, and therefore responsible for the health and lives of the European and native populations. What have the Sanitary Commissioners been about all these years? Persons at home have always been in the habit of believing that in no country in the world is so much attention devoted to sanitary science as in India, and that its results are there most effectively applied. Do what we will, the climate of Bengal in particular must be inimical to the constitution of Europeans. No lukewarmness or inaction, however, is likely to arise from the consideration that the climate cannot be altered; for the frequent outbreaks of epidemic cholera must, one would think, render the authorities keenly alive to the importance—nay, the absolute necessity—of providing pure water for drinking purposes. The machinery employed for procuring information on all points affecting the public health in India is of the most elaborate and expensive character. The medical departments of the Indian and British services respectively, on which, in our opinion, all matters connected with sanitation ought properly to devolve, are supplemented by a Sanitary Commission, and we must look to that body as responsible for not having urged its recommendations on the Government with sufficient firmness and earnestness. If the Commissioners were unsuccessful in their efforts in this respect, there does not seem to be any good in having a Sanitary Commission at all; for the authorities could not well have been ignorant of the views entertained by their medical officers of the injurious consequences arising out of the use of bad water. The drinking water at fifty stations of the army has been analysed, and, except where it is taken from the main rivers of India, it is of a most impure description. Fort William, Calcutta, is the only station where the water-supply for the garrison is laid on and distributed by mechanical appliances; but the methods of collecting, storing, and filtering appear to be alike imperfect. The chemical examiner gives us the following description of its characters:—

"The water was to the eye very dirty, with a considerable quantity of fluffy stuff floating in it; viewed in a foot tube, the colour was very strong, and may be described as a mixture of green, brown, and yellow. On standing, a large amount of sediment was deposited; this I examined with a microscope: it proved to be made up of low vegetable growths, human hair, fibres of cotton, wool, linen, fragments of woody tissue, starch, grains, &c.; and amongst these innumerable animalcules, of many shapes and all sizes, disported themselves, while many minute white worms wriggled about through the mass."

It will astonish our readers to learn that there is not a station in the presidency of Bengal which possesses a thoroughly good and wholesome supply of water. Had it not been, however, for the representations of medical officers of both services, and the influence of the head of the British Medical Service, of Sir H. ROSE, and of the Royal Sanitary Commission in this country, we might not at this moment have been aware, to the full extent, of the impure quality of the drinking water supplied to our troops; but the chemical analyses leave no room for doubt on this head. At Barrackpore the water used for European and native troops "had a most disagreeable smell, was of a very deep colour, and yielded to the gallon ·075 of a grain of albuminoid ammonia," while water taken from the river itself yielded but ·008 of a grain of the same substance. The English standard of purity is ·005 of a grain, and the impure water obtained at London Bridge was found to contain ·041 of this principle. At Dum-Dum "the water of the Diglah tank is upon a par with that of the old tank on the glacis" of Fort William, and the character of that water after filtration has been already detailed. At Dinapore the water-supply is very bad, owing to two causes: "First, because the water of most of the wells is derived from the drainage of the land on which the station stands; secondly, because of the faulty construction and badly chosen position of many of the wells, and the great neglect of measures for the defence of each and all of them from artificial pollution."

IN a paper read before the Social Science Congress at Bristol, Dr. GAIRDNER has offered some practical suggestions for remedying the deplorable evils arising from drunkenness. He believes, and we agree with him, that the enactment of a law forbidding the sale of intoxicating liquors over a large area would be so much opposed to the convictions of a very large majority of the people that its provisions would be continually defeated. But he holds that it would be quite otherwise with a law the principle of which was to forbid altogether the giving or using of intoxicating drinks *so as to produce drunkenness*. It would certainly be a point gained, if the obvious difficulties in the way of it can be got over, to make the publican legally responsible for the production of the drunkard, and to subject him to a fine, or, in aggravated cases, to imprisonment, in the event of his knowingly breaking the law. But it is plain that if the publican who sells the liquor is to be liable to punishment, the drunkard who swallows it ought not to be considered innocent of offence. Dr. GAIRDNER, accordingly, propounds three principles which he would have applied to deal with the different cases of drunkenness. The *casual* offence might either be passed over altogether, or be met by a fine, or a very brief imprisonment; the conviction being duly recorded. The *habitual* offence might be met by the sequestration, for a limited time, of the weekly wages or the profits of business; applying them under trust to the support of the family and the maintenance of the drunkard himself, who would thus be free to earn, but not free to

spend. Lastly, the *inveterate* offender might be placed under restraint in properly regulated establishments, like the "inebriate asylums" of America; the proceedings being assimilated to those necessary in cases of insanity. Those who may not be inclined to go all the way with Dr. GAIRDNER in his proposals must admit that some kind of institution, in which the worst drunkards might be placed under legal control, is urgently needed in this country. And it seems not improbable that, as the public mind realises more vividly the vast amount of crime, insanity, poverty, and misery which are the direct consequences of drunkenness, its feelings and convictions will tend more and more in the direction of the principles which Dr. GAIRDNER has advocated in his suggestive paper.

Medical Annotations.

"Ne quid nimis."

PROF. HUXLEY ON SCIENTIFIC EDUCATION.

AT a recent meeting convened at Islington by the authorities of a school in connexion with the Science and Art Department, for the distribution of certain scholarships gained by pupils of the school, over which Professor Huxley presided, that gentleman delivered a short address on scientific education, in the course of which he is stated to have said he remembered the time when an effort to teach science to the poorer classes of society would have run the chance of being looked upon more or less as a revolution, and when, if the advisability of going beyond reading, writing, and arithmetic for the people was suggested by anybody, the chances were he would be set down as an atheist. The people of England did not like much Government interference when it could in any way be avoided. No doubt that was a very healthy, good feeling, and it might be well to keep it up. But there was a still healthier feeling: that was, to look upon the Government as a kind of doctor, or perhaps he should say a midwife, whose business it should be to interfere with her patient, the nation, as little as possible, but rather leave the patient to nature, as doctors usually do when they do not rightly understand the complaint they are called upon to treat. When the Government saw that there was a desire in any locality to assist in their educational scheme, they stepped forward and gave the necessary helping hand. The Government plan was no doubt open to more or less of abuse, but it had so far been worked honestly and in a right spirit. The object of the Government scheme was simply to give young men who showed capacity a good chance of getting a fair start in life, and a good opportunity of working their way in the world. This, he thought, was satisfactorily exemplified in the case of young lads who came before him that evening to receive the prizes. The scheme of the Government was, in fact, a sort of rough sieve, by which cleverness and perseverance managed to get out from the general mass, and by which the possessors of those gifts were enabled to float into that position where their talents could be turned to the greatest advantage to themselves and to the credit of their country.

With these remarks of Professor Huxley we cordially concur. A few valuable scholarships distributed as a reward to merit, and not distributed unless the merit be up to a high standard, must always prove an important means of eliciting the talent with which we believe the lower classes are largely endowed, and a powerful stimulus to those who possess such talent to apply it in the best mode. We think that the Government scholarships might be advantageously increased in value, and made at least equal to those so generously and so wisely founded by Mr. Whitworth. There need be no fear that a man who has worked hard enough to obtain such a prize will misuse it. However, we suppose we must await with patience the arrival of the millennium, when our liberal Chancellor, having rescinded all superfluous grants of public money, finds himself encumbered with so large a surplus that he will experience no prick of conscience in devoting a little more to the promotion of the intellectual progress of the nation.

REPRESENTATION OF THE UNIVERSITIES OF GLASGOW AND ABERDEEN.

THE present aspect of this question is still one of uncertainty. Mr. Gordon, Q.C., takes the field in the Conservative interest, and, as he inherits the tactics and experiences of the last election, there is no doubt that his position is, under all circumstances, very strong. A large and influential meeting of Liberals was held a few days since at Glasgow, when, on the motion of Sir William Thomson, Mr. Archibald Smith, of Jordanhill, was proposed as a candidate for the seat. It has been reported in various quarters that Mr. John Stuart Mill would also come forward, but we are enabled to state that there is no foundation whatever for the rumour. In thus recapitulating the events of the past week, we would take leave to remind our readers of the humiliating fact that, though the constituency is very largely composed of medical practitioners and of scientific workers, and though it is eminently necessary that our own profession should be more fully and more faithfully represented in the House of Commons, no candidate who can be at all identified with science has yet come forward. Mr. Gordon, if returned, will simply swell the long roll of legal members. Mr. Archibald Smith has never to our knowledge been identified with medical and scientific interests; and the peculiar proclivities of Mr. Stuart Mill tend to make him an extremely objectionable representative of medical interests in Parliament.

SCARLET FEVER IN LONDON.

THE Registrar-General's Weekly Returns have for some time past made it quite clear that the metropolis is being visited with an epidemic of scarlet fever of the most serious description. Two hundred and thirty-eight deaths were registered from this single cause in the week ending Saturday last, or forty-seven more than in the week preceding. To put it plainly, the *excess* in the scarlatinal mortality last week on that of the week before amounted to nearly, if not quite, twice as much as the ordinary average weekly mortality from that cause when it is non-epidemic.

Our readers will remember that in January last we entered somewhat fully into the statistics of scarlet fever in London, as we were just then emerging from an epidemic of it which lasted about thirty-three weeks (from July to the following February), and killed 2850 persons. That epidemic of 1868-9 represented a mortality equivalent to an annual loss of 12·9 lives out of every 10,000 of the population. From the middle of February to the end of April scarlet fever was not fatal in London to more than about the usual weekly average extent. Thenceforward the deaths began to show signs of an increased activity of the scarlatinal contagium, until in August and September they reached a weekly total far exceeding that of any week in the previous epidemic period. In fact, the last twenty-four weeks have yielded an aggregate of 2365 fatal cases, the mortality being equivalent to an annual death-rate of 16·2 in every

10,000 of the population. How much more widely fatal the disease is now than last year is shown by the fact that during the seven weeks of highest mortality in October and November *eight hundred* deaths occurred; while in the seven weeks ending on Saturday last *twelve hundred and thirty-one* persons died.

It is not a little remarkable that whereas the scarlet fever epidemic of 1868–9 was more fatal in what is technically called the Western Division than in either of the other four divisions into which the Registrar-General groups the London districts, the epidemic now in progress has been hitherto far less fatal in the Western than in either of the other groups. Thus, taking the thirteen weeks of greatest scarlatinal mortality in 1868, and comparing the results with those for the last thirteen weeks, we find that in the former period the deaths were at the annual rates per 10,000 living, of 28 in the Western, 13 in the Northern, 24 in the Central, 22 in the Eastern, and 14 in the Southern groups of districts; in the latter period the rates have been 9 in the Western, 17 in the Northern, 27 in the Central, 41 in the Eastern, and 19 in the Southern districts. All that is known of scarlet fever would lead us to expect that the measure of its prevalence and fatality when epidemic in any locality will usually bear some kind of proportion to the sanitary condition of the population; and this assumption affords some explanation of the reason why the disease is so much more destructive now that it prevails chiefly in the Eastern than it was when it attacked the Western districts principally. Of one thing there can be no doubt, and that is the immediate necessity for making trial of such measures of prevention and limitation as have been suggested—by Dr. Budd, for example. It is precisely at such a time as this that the want of a proper and effective organisation for the metropolis as a whole comes out most strongly.

DR. MOUAT ON THE ADMINISTRATION OF INDIAN GAOLS.

WE always turn with interest to the yearly reports of the Inspector-General of the Bengal Prisons, if only for the reason that their perusal affords us a very good index to the progress of sanitary work generally in India. The report for the year 1868, which we have just received, contains the result of the inspection of some sixty-five gaols. The total sickness of the year exhibited a decrease, accounted for by a diminution in the severity of zymotic diseases; there was also a fall in the number of daily sick. The death-rate was 5·05 per cent., as against 5·88 per cent. in 1867. In no single year during the last quarter of a century was the mortality lower than last year, when it was one-third less than the average rate of the twenty-five years alluded to. The reduction of 30 per 1000 in the mean death-rate of a quarter of a century is a significant fact, which is not palatable to those who hold that the climate of India must kill a certain number under any circumstances, and that sanitary legislation can do little; for there are those who are still imbued with these beliefs. Dr. Mouat has no doubt that the mortality will be reduced to a still greater extent. Many of the gaols are placed in the most unhealthy sites, and are condemned *in toto* by Dr. Mouat. The wisdom of selecting the healthiest sites becomes all the more apparent when it is remembered that some of the gaols are, and more could be made to be, almost if not quite self-supporting by utilising the labours of the prisoners. The case of the Presidency (natives) Gaol is a good instance of what may be done towards the saving of life and the prevention of disease. A large number of prisoners were admitted in impaired health from excesses in drink, opium, ganja, and from want of food; and yet the mortality was only 2·74 per cent., "not from selected lives, but amongst the drunken, dissipated, depraved, and consequently diseased members of the community; the death-rate of the outside native population being 4 per cent." No death took place amongst the European prisoners at Alipore, Hazareebaugh, Pakour, Deoghur, or Godda. In the gaols generally, gangrene is now never met with, scurvy is nearly unknown, and small-pox easily controlled, says Dr. Mouat; even cholera is moderate in its ravages, and does not now assume an epidemic character in some of the more important prisons, whilst it has been epidemic and destructive in their immediate vicinity, and it is believed that devastating and pestilential mortalities are things of the past. The cholera records for the year are very complete, and are detailed in an appendix to the report. In fifteen gaols the cholera increased; in forty it diminished, the rate and amount of diminution having been greater than those of the increase. The careful and complete disinfection of excreta seems to have much to do with this improvement. Dr. Mouat makes some interesting remarks relative to the influence of a vast sheet of putrid water—the Chollun-Bheel—as a centre for the spontaneous generation of cholera poison. It is close to Nattore, whence cholera spreads, and covers many square miles. He recommends its drainage and reclamation. There are many other matters of peculiar interest in Dr. Mouat's report, which we cannot now notice; such, for instance, as the effect of imprisonment and diet on the weight and health of the prisoners, the effect of quarantine, the history of crimes and of lunacy amongst them, and the treatment of juvenile offenders. We will only add that, during the year under review, there was an increase in the profitable industry of prisoners, as might be expected from a consideration of their improvement in health; also a decrease in cost, a diminution in the amount of punishment, and progress in the instruction of prisoners. Some exception has been taken to the extent of the statistical information supplied by Dr. Mouat in his reports. We hope he will pay no attention to such a criticism; for, as he says, it is a novelty to be reproached for doing too much.

THE CHAIR OF PATHOLOGY IN EDINBURGH.

THE appointment of Dr. Sanders to the Chair of Pathology has given much satisfaction to the great majority of the profession in Edinburgh, and the University professors. He is deservedly regarded as a man of able and cultivated mind. Dr. Grainger Stewart was a worthy competitor, being a man of high scientific reputation, and ran his opponent hard. It will be seen that in the Curators' Court it was the Town Council, with one exception, which carried the election against the non-Town Councillors, including such men as Lord Neaves, an accomplished scholar, Mr. Milne Home, a country gentleman of some scientific reputation, who once wrote a prize essay on Comets, and Sir William G. Craig, a well-known politician. The Town Council formerly held the patronage of most of the chairs in the University. This was taken from them by the University Act, and the patronage was transferred to a Board consisting of four members chosen by the Town Council, and three members chosen by the University Court. This was, no doubt, meant as a *solatium* to the Town Council for their loss of the whole patronage. It is, in the opinion of many, a bad arrangement. There is a tendency in the Town Council members—who, of course, are men of much lower cultivation than the others—to stick together, and try to preserve the election a Town Council one. Now this seems to us vicious, as these Councillors are apt to be influenced by local and sectarian considerations, and there is a chance of the best man being excluded, as nearly happened in the recent election.

It would seem far better to have as the patrons (as is the case in the other Scottish Universities) the University Court, which consists of—1, the Lord Rector, who is chosen by the students; 2, an assessor chosen by the Lord Rector; 3, the Principal of the University; 4, an assessor chosen by the Senatus Academicus; 5, an assessor chosen by the Chancellor of the University; 6, an assessor chosen by the General Council of the University (the Parliamentary constituency); 7, the Lord Provost of Edinburgh; and, 8, an assessor chosen by the Town Council.

Now let us see who are the members of this University Court at present, and then we can judge as to its fitness for the patronage. They are numbered as above:—

1. Mr. James Moncreiff, now Lord Justice Clerk; 2, Mr. Alex. Nicolson, a barrister and excellent scholar; 3, Sir Alexander Grant; 4, Professor Christison; 5, Mr. E. J. Gordon, the candidate for Glasgow University; 6, Rev. K. M. Phin, a clergyman of the Church of Scotland, chosen by poll of the General Council; 7, Wm. Chambers, Lord Provost *pro tem.*; 8, Mr. McKnight, W.S. (*anglice*, attorney), of respectable standing. It seems to us that this would constitute an excellent Board of Patrons.

The election should be a public one, and not private, as now. Nothing is known at present but the result; but the grounds on which that result was arrived at should also be known.

THE SOCIAL SCIENCE CONGRESS AND CONTAGIOUS DISEASES.

IT would be difficult to name any subject that more requires to be considered in a thoughtful and calm spirit than that as to the expediency of applying some legislative measure with the object of limiting the spread of certain forms of contagious diseases; and yet some clerical gentlemen at Bristol the other day seem to have entered on it with more than the usual degree of passion and prejudice which too often characterise the cloth. We are quite prepared to welcome a thoughtful and statesmanlike paper like that by Mr. Simon; but our patience is at once dissipated by a gust of angry declamation. If the clergymen who stormed against any extension of the Contagious Diseases Act to the civil population would thoughtfully read what Mr. Lecky has to say on the subject in the second volume of his last book, it might, perhaps, do them good; at any rate, it might put the matter, together with their responsibilities, before them in a new light. That the object contemplated by legislation is, abstractedly considered, a good and laudable one, we do not doubt. That, rightly regarded, and properly carried out, the sanitary supervision of fallen women is capable of being made to them a merciful measure, and a work of compassionate charity, quite in accord with the true spirit of Christianity, we have also no doubt. We have never shut our eyes to the fact that grave difficulties stood in the way of an effective legislation; but that is no reason why the attempt should not be made, and still less is it an excuse for all the noisy excitement that was exhibited.

The clergy at the Social Science Association—for at other times and places wiser members of their class have adopted a very different course—would probably compass earth and sea to make one proselyte, or to convert a heathen; but they do not seem to consider that they may be closing the door to the only channels of reclamation and religious instruction that may be open to these unfortunate women. The facts adduced by Mr. W. P. Swaine, of Devonport, ought to have had some effect. It appeared, according to him, that enthetic disease in that garrison had been reduced, by the operation of the Act, from 44 to 13 per cent.; and that from April, 1865, to September, 1867, 38 per cent. of the women that came under medical care had either been sent to refuges or returned to their friends. Between April and September of the present year, the chaplain of the Plymouth Hospital reports that 32 women had been reclaimed.

FAMINE FEVER.

THE interesting communication of Dr. Murchison, which we print in another column, draws attention to the renewed prevalence in London of a disease which, fortunately, has of late years been rarely seen in this country. Relapsing fever may be broadly said to be the product of destitution pure and simple; but once established, it becomes communicable by contagion. An important point in connexion with the fever, which has now been amongst us for the last fifteen months, and is evidently growing in dimensions, is whether or not it was imported, in the summer of 1868, from Germany, where the disease had unquestionably been prevalent from some time. As regards the spread of the disease in London, the statistics of the Fever Hospital undoubtedly point, as Dr. Murchison observes, to the fact that the disease is becoming distinctly epidemic,—the numbers of admissions for the months of May, June, July, August, and September being 4, 3, 7, 15, and 34 respectively, and 7 admissions having taken place on October 1st. We can scarcely doubt that so important a phenomenon has attracted the notice of the medical officer of the Privy Council, and that some of his staff will be employed to investigate it thoroughly. The poorer classes of London are, we fear, threatened with a terrible scourge during the approaching winter; for not merely is there great danger of relapsing fever taking formidable dimensions, but, as Dr. Murchison reminds us, such an event is nearly always accompanied by an increased diffusion of typhus.

THE SUPPOSED FENIAN LEADER.

DURING the last week of September considerable interest was taken in the progress of a case then under treatment in the Fisk ward of King's College Hospital, in consequence of the supposed identification of the patient as a notorious Fenian leader. A man, who was stated to be twenty-eight years of age, and was admitted and treated under the name of Henry Martin, was brought to the hospital on the evening of September 29th, with a severe injury, caused by his head having been jammed between an overturned cab and the edge of the pavement. On examination, Mr. M'Gill, the house-surgeon, found a large wound in the centre of the forehead, connected with extensive depression of the frontal bone, and also with a perforation over the right orbit, from which brain-matter protruded. There was also a small scalp wound over the occiput. The accident was soon followed by profuse hæmorrhage from the mouth and nostrils, and afterwards by much lividity and distension of the soft parts near the seat of injury, which must have rendered any certain identification of the man from his facial expression almost a matter of impossibility. The depressed portion of the cranial vault was elevated by Mr. H. Smith on the 1st of October, but the patient remained in a semi-comatose state until the following Sunday, the day of his death. An examination in the dead-house revealed the usual post-mortem appearances of an extensive fracture of the skull. The frontal and both nasal bones were much damaged, the anterior lobes of the brain were in a pulpy state, and in the dura mater, near the most depressed portion of the frontal bone, was a small rent, through which some cerebral substance had passed outwards. On examining the mouth, it was found that there was a gap in the superior dental arch, caused by the reduction of the second bicuspid tooth on one side to a small stump, and by

the total absence of the corresponding first molar. There was also a superficial, indistinct, and very small scar near the navel. These two particulars answered precisely to a description of Captain Kelly taken about two years since. With regard to the stature, there is some discrepancy; the height of Kelly was put down as 5 feet 8 inches, while of the the so-called Martin, on the other hand, careful post-mortem measurement proved that the length of the body amounted to 5 feet 9½ inches. This difference, however, may be accounted for by the elasticity of the intervertebral discs, and by a probable relaxation of the tissues of these bodies after death.

THE AMALGAMATION OF THE MEDICAL SOCIETIES.

IT will be remembered that the scheme for the amalgamation of the chief London medical societies, which originated with the Royal Medical and Chirurgical Society, was partially discussed by some of the bodies concerned, and was received with a considerable amount of favour. The Pathological Society of London, one of the most numerous and successful of the younger societies, has not yet considered the project; but a special general meeting has been summoned for Friday, the 15th inst., at 8 P.M., for the purpose of considering the letter addressed to the President by the Secretary of the Medical and Chirurgical Society, and the resolutions already adopted by that Society. We trust that there will be a full meeting of the Pathological Society on the occasion, and that the members will go determined to vote rather for the general good than for the special privileges of any individuals.

PATHOLOGY OF RAILWAY INJURIES.

OUR readers will remember the case of Sagar *v.* The Lancashire and Yorkshire Railway Company, tried before Mr. Justice Lush at Manchester at the Spring Assizes. It was very noticeable for two reasons—first, the large damages (£4000) awarded to the plaintiff, who had met with an accident on the defendants' line, and still more for the absolute and positive difference of opinion exhibited by the medical witnesses, including men of equal and great eminence. We could not in any reasonable space state the medical facts of the case. The principal of these were as follows:—After the injury, dating so far back as August 1st, 1865, Mr. Sagar was for a little time unconscious, and soon felt stiffness at the back of the neck, for which he used fomentations. He did not send for a doctor for a week Thereafter he did send for his own doctor, Dr. Briggs, who said the spinal cord was injured, but that with care he would get gradually well. About 1861 Mr. Sagar was troubled with boils, and offered himself for life insurance, and was rejected about 1863. Previous to the accident he had never been laid up a day in his life. The pain in the neck continued for four or five months, and then ceased. But the plaintiff alleged that his health was not equal to what it was before the accident. In 1866 he made arrangements for enlarging his works. About November, 1867, he felt severe pain in the front of the left arm. About Good Friday of 1868 he got a similar pain, preceded by a fluttering in his right arm. The pain in the left arm was something dreadful, and Mr. Sagar entirely lost the use of the left shoulder. In November, 1868, he came to London to consult Mr. Brodhurst and Mr. Holmes. At the time of the trial he was seen by Dr. Radcliffe and Sir William Fergusson. At that time also he could only by a great effort walk two or three feet, and had been confined to the couch for four weeks. There was still some tenderness of the cervical spine, but more in the lumbar region. The medical construction of the facts which we have roughly given was absolutely different on the two sides of the case. Sir William Fergusson and Dr. Radcliffe, supported by Mr. William Watson Beever, on the side of the railway company, saw nothing in the facts but rheumatic inflammation of the shoulder-joint, and perhaps slightly of the fibrous coverings of the spinal cord, entirely unconnected with the accident. Mr. Brodhurst, supported by Dr. Roberts of Manchester, and Dr. Spence of Preston, declared that the joint, examined under chloroform, was entirely free from indications of rheumatic arthritis, that it was apparently stiff from contraction of the subscapular muscles, and that the true theory of the case was this: that by the injury the muscles of the neck were injured or torn; that these became inflamed; that the inflammation proceeded to affect the theca, the membranes covering the cord, and, finally, the cord itself, which would then be completely disorganised. Now we shall not attempt to decide between evidence so equal in authority, and so entirely conflicting, as this is. It is, of course, unseemly, and yet it is not so entirely unreasonable as it will appear to the public. Let it be remembered that there have been but few post-mortem examinations of such cases, and that the changes are insidious and slow, and occurred here in the case of a man of apparently good faith, but of somewhat impaired constitution, and it will be seen that for forensic purposes there is ground for difference of opinion.

We have said that the jury in March found a verdict for the plaintiff, and gave damages for £4000, with leave for a new trial. This was clearly too large a sum considering the high adverse medical opinion. Very wisely a compromise has been effected, and Mr. Sagar has taken £2000 instead of £4000. While we think it reasonable for forensic purposes to make the most of the difficulties of medical facts, we would impress on our brethren the ethical duty of taking the most unbiased view of such facts, and endeavouring to give as much positiveness and unanimity to medical evidence as facts will admit of.

We learn that Mr. Sagar lies day and night on an invalid couch, and has two large water-cushions to prevent bedsores, and that he has never since February last walked across his own room without assistance till the present week. He walks tremblingly and hesitatingly. Dr. Briggs says, in a letter of particulars kindly sent us, "There is not, neither has there been at any time, tenderness, redness, or swelling of the shoulder, elbow, or wrist, hip, knee, or ankle joints."

DO ANIMALS SEE THE SAME LUMINOUS RAYS AS MAN?

M. PAUL BERT has recently been experimenting on this subject, and has published his results in Brown-Séquard's *Archives de Physiologie*. The method he adopted was to place a number of the little daphniæ, so common in our ponds and cisterns, into a small vessel the interior of which was well blackened, and into which light could only gain access through a narrow slit. The daphniæ distributed themselves tolerably equably through the darkened vessel, but on transmitting a ray of ordinary light through the fluid they immediately gave signs of agitation, and grouped themselves in and around the illuminated path of the ray. On interposing a screen, they rapidly dispersed. M. Bert next proceeded to try the effects of variously coloured rays; and he found that the same agitation and the same grouping occurred whatever might be the colour of the ray transmitted. At the suggestion of Dr. Krishaber, he transmitted several separate beams of different colour through the same vessel, and found then that the animals collected chiefly in the yellow, green, and in that portion of the spectrum which

was slightly tinted of an orange colour. A considerable number were also seen in the red ray, fewer in the blue, and less and less numbers in the violet and ultraviolet. From these and other experiments, M. Bert concludes that all animals see the rays of the spectrum as we see them; that they do not perceive any rays that are not perceptible to ourselves; and, lastly, that in the range of vision the difference between the illuminating powers of the differently coloured rays is the same for them as it is for us.

"THE SIAMESE LINK."

THIS toy, which has recently been popularised by the London Stereoscopic Company, is an adaptation of one made for many years by the American Indians, and sold at the Indian toy-shops at Niagara Falls and elsewhere under the name of the "Indian puzzle." Hamilton, as long ago as 1847, called attention to the puzzle, and suggested that it might be useful for the purpose of making extension upon dislocated fingers; and in his classical work on "Fractures and Dislocations" he thus describes it:—"The 'puzzle' is an elongated cone of about sixteen or eighteen inches in length, made of ash-splittings, and braided; the open end of the cone being about three-fourths of an inch in diameter, and the opposite end terminating in a braided cord. When applied to the finger, it is slipped on lightly, forming a cap to the extremity, and to half the length of the finger; but, on traction being made from the opposite end, it fastens itself to the limb with the most uncompromising grasp. When we wish to remove it, we have only to cease pulling, and it drops off spontaneously."

This toy has been modified by its English producers, so that it is open at both ends, and those rash enough to insert their fingers find themselves effectually handcuffed, or attached to a fellow in misfortune.

THE DEATH-RATES OF TOWNS.

IN his Quarterly Return for the three months ending June 30th, 1864, the Registrar-General published a table giving the current rate of mortality in about thirty registration *districts*, which include within their areas some of the principal inland and seaside watering-places of England. In the Quarterly Return last issued this table of watering-place death-rates again appeared, but considerably enlarged, and decidedly improved by the substitution for *district* areas of the *sub-districts* corresponding most nearly to the several towns specified. Nevertheless, our columns have borne witness to the fact that the quotation of death-rates even of sub-districts is apt to be misapprehended by the public, particularly when those sub-districts are named after some well-known town comprised within their limits. Thus it has happened that although the Registrar-General was careful to specify, as regards his table of mortality for English watering-places, the boundaries he had taken, the rates were quoted very widely without mention of any reservation as to non-identity of limits between the actual towns and the sub-district or district areas bearing the names of those towns to which the rates in reality referred. The consequence was, that very erroneous inferences were drawn as to the comparative healthfulness of different watering-place towns, which necessitated a good deal of correspondence in our columns, and elsewhere, from local authorities to set matters in their right light before the public, so as to prevent towns, fairly healthy in themselves, from appearing to have a high death-rate because of their association with other less healthy localities.

We would strongly urge the Registrar-General not to publish any such similar table until he is in a position to give the actual death-rates of the towns themselves, when, of course, the information would be of the utmost possible utility.

At some date—we trust not too far distant—a greater regard may be had for the requirements of sanitary investigation than is now apparent in the published official returns of death. Questions relating to the increasing or diminished healthiness of a *town* cannot be satisfactorily discussed on the basis of the deaths occurring in a *sub-district* of which that town forms only an integral portion; yet, with the exception of ten or eleven of the largest English cities and boroughs (including the metropolis), the Registrar-General's mortality returns are all based on registration district or sub-district areas. We take this opportunity of urging this point, not as anything newly discovered—for it has been incidentally referred to often enough in this journal,—but as one of which we trust the Royal Sanitary Commission will take serious heed. The question of areas is really of fundamental importance, as everyone knows who has had occasion to refer to our national mortality statistics for practical purposes.

GLASGOW UNIVERSITY.

WE earnestly trust that the University of Glasgow will have the privilege of securing one of its own sons as professor in the vacant chair of Surgery. There can be no doubt whatever as to what is the desire of the majority of the constituents, and we think the successor to Mr. Moncreiff in the representation of the University, whoever he may be, will do well to consult their feelings in this matter; as the drafting a man from Edinburgh to Glasgow would, we believe, be a very unpopular measure, and one likely to imperil the seat of the representative at any future election.

THE CANADIAN MEDICAL ASSOCIATION.

THE second annual meeting of the Canadian Medical Association commenced on September 8th, in the Convocation Hall of the Toronto University: the President, Dr. Tupper, C.B., in the chair; Dr. Canniff, of Toronto, and Dr. Rottot, of Montreal, acting as secretaries. A report of the proceedings is before us, and we can only regret that the demands on our space prevent its insertion in even an abridged shape. The Association has taken a step towards securing the repeal of the present Medical Act, which appears to be of an unsatisfactory character, by substituting a more rational one for the whole dominion. A resolution was unanimously passed that a committee should be appointed to prepare a Bill, to be submitted to the Dominion Parliament after approval by the Association, providing for a uniform system of medical education and examination in conformity with the views of the Association, and the registration and licensing of medical practitioners by a central board of examiners. The Association recommended that education and examination should be conducted by regular practitioners. Our Canadian friends appear to be making efforts in the right direction, and we can only congratulate the members of the Association upon the results which they have already achieved.

DR. BLANC.

WE regret to have to announce that the series of experiments instituted by Dr. Blanc, on "animal vaccination," has come to a termination, and that that gentleman is about to return to India. Although we have had occasion to differ from Dr. Blanc as to the proper value to be assigned to the practice of "animal vaccination" in this country, of the interest and importance of the experiments he carried out there cannot be a question. He gave the profession in town the opportunity of studying the facility with which

vaccination can be effected in the heifer, and the certainty with which the vaccine disease can be transferred from the animal to man. It is only proper to note that Dr. Blanc expended a considerable sum of money in conducting his experiments, and that he steadily refused to receive fees from those who were chiefly benefited by them. He preferred, with almost too nice a delicacy, to victimize his purse for the scientific object, rather than subject himself to the shadow of a suspicion that he was seeking personal profit in a question which has so important a public bearing.

SUPPLY OF EXPENSIVE MEDICINES AT BRIDGEWATER.

THE guardians of the Bridgewater Union have lately undertaken to find quinine and cod-liver oil for the sick poor; but as every person will be obliged to go for them to the druggist, who lives in the town, the boon will be to a large extent valueless, many of the poor living as far away as twenty or twenty-four miles. Mr. Cornwall, one of the medical officers, has written to complain of this absurd arrangement, but the Board have decided that they would not interfere with the present plan. It is significant that these same guardians who act in this stingy manner towards the poor have been charged by one of their own body with conniving and winking at extravagant and reckless expenditure in the workhouse—expenditure which, by the way, nobody seems able to explain. It is certain, however, that the cost of pauper maintenance in the Bridgewater Workhouse far exceeds that of other Unions in the neighbourhood.

THE EVELINA HOSPITAL.

WE are glad to record that the Evelina Hospital for Sick Children, lately founded by Baron Ferdinand de Rothschild, in memory of his late wife, has commenced an active and rapidly extending career of usefulness. There are now forty in-patients, and the out-patient department receives at the rate of from sixty to eighty new cases daily. There can be no doubt that this new hospital will afford a capital field for clinical work to advanced students; and it will be the duty of the medical officers connected with this institution to afford all possible facilities in connexion therewith. The importance of studying practically the diseases of children cannot be exaggerated, when we consider how very large a proportion of patients attended by general practitioners belong exclusively to this class.

GOITRE IN SAVOY.

FROM the *Journal de la Société de Statistique* of Paris, we learn that documents furnished by the Prefect of Haute-Savoie show that of the 310 communes of that province, not more than 10 are exempt from goitre. The physicians of the department attribute the malady to intemperance, the unhealthiness of the villages, and the bad quality of the water drunk by the people. Endeavours have therefore been made to ascertain the effects of remedial measures upon the child-sufferers from this malady, by distributing throughout the schools pastilles containing traces of iodine, by making the children drink cistern water (presumably of good quality), and by giving them a decoction of walnut-leaves. The result, so far, has been, that out of 5000 children affected with goitre, 2000 have been radically cured, 2000 have shown marked improvement, and upon the remaining 1000 the treatment had no effect whatever. It is said that, notwithstanding the lesson thus taught, parents are with difficulty induced to adopt the very simple remedies which have been found so greatly to mitigate the force of this disease.

THE NORTHERN COUNTIES IDIOT ASYLUM.

THE fifth annual meeting of the supporters of the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties was held at Durham on the 29th ult. The Committee have found it impracticable to open a portion of the building this year; but they fully intend to do so next summer. We are glad to observe that a substantial nucleus for a Sustentation Fund has been formed, and that so much success has attended the process of collecting subscriptions as that, out of £46,478 promised, no less than £45,324 has been actually received. About £20,000 more will, it is said, be required for the completion of the asylum; and as it appears that two counties have yet to be canvassed, out of the seven included in the area from which patients are to be drawn, there will probably be not over much difficulty in making up the deficiency.

DR. LYON PLAYFAIR.

WE are enabled to state on excellent authority that the rumours of a vacancy being caused in the representation of the above Universities in Parliament, by the appointment of Dr. Lyon Playfair to the Mint, are unfounded. Dr. Playfair has no expectation whatever of the appointment, and hence no vacancy will arise.

MUNIFICENT GIFT.

IT is with pleasure we record another act of munificence on the part of Mr. Robert Barnes, formerly Mayor of Manchester. The trustees of the Manchester Royal Infirmary have for some time past had in contemplation the purchase of Cheadle Hall, with the surrounding grounds, and of adapting it to the purposes of an hospital for convalescent patients. The carrying out of this admirable design would have involved a serious charge upon the funds of the institution, which are not more than adequate to its ordinary needs. Under these circumstances, Mr. Barnes has placed at the disposal of the trustees, as a free gift, the sum of £10,000. It is more than will be necessary to purchase the Cheadle Hall estate, and the surplus will cover the outlay requisite to render the new hospital thoroughly suitable for the reception of patients.

THE SCIENTIFIC AND MEDICAL CONGRESS AT INNSPRUCK.

WHETHER the numerous meetings for the advancement of science which are taking place in various parts of Europe will exercise a lasting influence on the progress of human knowledge, may perhaps admit of a doubt; but that these meetings tend to promote social intercourse among people who would otherwise never meet, and rub off the asperities of national or local prejudices, is perfectly certain. Now many people run away with the notion that mystic contemplativeness is the characteristic feature of the German mind, and that a disposition for cheerful relaxation is not common in the German land. But this is a mistake, either as regards individuals or large gatherings. At Innspruck, for instance, when the eighteen sections had been duly constituted, the members dined together at one o'clock, and closed the festivities with a concert given at the theatre. The next day (September 19th), two monster trains, each containing four hundred members, left Innspruck at six o'clock in the morning, to proceed, through a magnificent country, to Bautzen, over the splendid Brenner. The trains arrived at Bautzen at 11.30. The station was transformed into a festive hall, and the *savants* were received with military music, and the loud hurrahs of the population. The Mayor delivered a most eloquent discourse,

and the guests now scattered themselves into the various houses prepared for their reception, where dinners were prepared. After these cheerful meals, the whole party repaired to the park, where, as stated by the *Med. Central Zeit.* of Berlin, "under the cooling shade of magnificent trees, a profusion of the best wine and fruit which southern countries can produce, was prepared in *colossal* proportions." Nay, the hospitable inhabitants of Bautzen had even provided little baskets wherein the guests were desired to lay in a stock for their journey home. The trains reached Innspruck at ten in the evening, and were welcomed back by the merry peals of all the bells of the town. Such is the manner in which some of the *scientific* meetings of the *phlegmatic* Germans are carried out.

HEALTH-CONDITION OF THE CONTINENT.

THE "medical constitution" of the continent is now marked by a gradually increasing prevalence of respiratory diseases, due to the fall of temperature, and by a persistence of disorders of the alimentary canal, which seem disposed to extend beyond the autumnal season. Thus the last statement issued by the municipality of Paris mentions 61 deaths from bronchitis and pneumonia, and 34 from dysentery and diarrhœa, out of a total number of 820 deaths. Cases of sporadic cholera have been observed during the last fortnight in Paris and Brussels. The municipal register of Paris for the last week mentions as many as 9 deaths from cholera. Dysentery and diarrhœa are still largely prevalent in Madrid, where the heat has remained very great. Reports from that city mention that on Sept. 22nd the thermometer reached 35° centigrade. There is a marked increase of typhoid fever throughout almost the whole of Europe. The disease has taken a bad epidemic form in Paris, Marseilles, Tours, and almost all the larger cities of France. The eruptives are also common in the hospitals of France. An epidemic of whooping-cough is now raging amongst the infant population of Paris.

ON Tuesday evening Mr. T. H. Colley, house-surgeon to the Great Yarmouth Hospital, was presented by the Mayor (S. Nightingale, Esq.) with a gold watch and chain, valued at forty guineas, and a purse of 250 guineas. The presentation took place at the Yarmouth Town-hall. Mr. Colley, who has been surgeon to the hospital for upwards of fourteen years, has resigned the appointment, with a view to obtaining the usual diploma, and entering upon private practice. There were 500 subscribers to the testimonial.

WE are informed that, although small-pox has broken out at Luton, the guardians determined at their meeting on Monday last not to proceed against parents who refused to have their children vaccinated.

THE exodus from Greenwich Hospital has ceased, and there are now only about thirty bedridden inmates located in the Somerset ward. It is confidently anticipated that when the First Lord of the Admiralty returns to town the loan of the infirmary will be offered to the Seamen's Hospital Society.

To what extent scarlet fever, from which London is now suffering, prevails throughout the country, there are no accurate means of knowing; but the fact that the disease was even more fatal last week in Liverpool than in London, and almost as much so in Sheffield and Leeds, gives very strong indication that we are passing through one of those periodical epidemics which reveal all the weak places of the country—an advantage which is far too dearly purchased at a lamentable cost of human life.

IT is with the utmost regret we learn that among those who perished in the wreck of the ill-fated *Carnatic*, on the 13th ult., was Mr. Thomas Alexander Thompson, surgeon in the Peninsular and Oriental Company's Service. Mr. Thompson was only twenty-six years of age, and his untimely death, while just on the threshold of his professional career, is greatly to be lamented.

WE have noticed with pleasure the very general disposition manifested by the provincial press to support vaccination. The *Gateshead Observer* of the 2nd inst. has a well-conceived article setting forth the public good which has resulted from vaccination, and showing how unreliable are the statements of its opponents.

THE Spalding Board of Guardians met last week to appoint a medical officer for one of the districts of the union, but no "suitable person" coming forward, the appointment had to stand over.

DR. WILTSHIRE has, we understand, resigned the appointment of Medical Inspector to the Privy Council, in order to resume private practice.

THE first meeting of King's College Medical Society will take place on Thursday next (14th inst.), Dr. Kelly, President. The Introductory Address will be delivered by Dr. R. Shingleton Smith.

THE following medical gentlemen have just been elected Honorary Associates of the Royal Society of Medical and Natural Sciences of Brussels:—Drs. Virchow and Pidoux of Paris, Sédillot of Strasburg, Albarenga of Lisbon, Fabbri and Rizzoli of Bologna, Liegey of Rambervilliers, and Palasciano of Naples.

MR. J. NETTEN RADCLIFFE, one of the inspectors of public health, has been investigating the circumstances of the fever outbreak at Scotherne village, near Lincoln. In compliance with that gentleman's recommendation, orders have been given to close every well in the place, as they are all contaminated with sewage; and new wells are to be provided by the parish authorities.

A CONVICTION under the Sanitary Act has been obtained by the Liverpool health officer against the owner of a house for allowing the goods of a tenant who had scarlatina in his family, and which had been seized under a distress for rent, to be removed to a broker's where they were exposed for sale; the broker was also proceeded against and convicted for so exposing infected articles.

THE honour of knighthood is to be bestowed on Mr. Fothergill-Cooke, member of the Council of the Inventors' Institute, as a recognition of his services in connexion with the electric telegraph. This gentleman, if we remember aright, commenced his career by studying medicine at one of the continental universities, and whilst doing so conceived his scheme for utilising districts for the purposes of telegraphy. We took some pains in March, 1868, to inquire into the respective claims of Professor Wheatstone and Mr. Cooke, and stated the results at which we had arrived. We are glad to learn that by so doing we contributed towards obtaining a Government recognition of Mr. Cooke's claims.

THE Queen has appointed Dr. Laycock, professor of the Practice of Medicine in the University of Edinburgh, one of her Majesty's physicians for Scotland, in the place of the late Dr. Begbie.

AT a meeting of the Medical Committee of the Metropolitan Free Hospital this week, the subject of the remuneration of the medical staff was discussed. It was unanimously resolved that in public institutions which do not possess a medical school or other indirect source for remunerating the medical officers, there should be a payment made by the Committee out of the general funds.

SMALL-POX is again making its appearance in the southern districts of London. Since the crusade against vaccination, children are not brought in anything like former numbers to the district vaccinators, nor are the applications for lymph half so numerous as heretofore from private practitioners.

A HANDSOME testimonial, amounting in value to about £100, has been presented to Dr. John Dickie on his leaving Alloa (N.B.) for Hull, by his friends and patients in the former place. The testimonial consists of a solid silver hot-water jug with an appropriate inscription, a purse of sovereigns, and an address on vellum.

ON Friday evening, the 1st inst., the opening lecture of the Lancaster Science Classes for the session 1869-70, was delivered by Dr. Moore, secretary to the classes on the scientific principles involved in the illusions practised by modern magicians. At the close of the lecture a handsome and valuable timepiece, with suitable inscription, was presented by the students to Dr. Moore, in appreciation of the valuable services he had rendered to the classes as secretary to the Committee, and the assistance he had afforded to the students in their studies.

AT the suggestion of Dr. Morton, the medical officer of health for Guildford, the local Board has taken steps for securing a house or houses in which to receive and isolate cases of scarlet fever, should any arise in the town. Dr. Morton pointed out that, although the town was in a very healthy condition, yet the surrounding country was suffering severely from scarlet fever, which might therefore be imported at any moment.

THE Chelmsford Local Committee of the Essex Agricultural Society, finding themselves with a balance in hand of £140, as the result of subscriptions raised for promoting the agricultural show lately held in that town, have determined to devote that sum to the fund for the infirmary which it is in contemplation to establish there.

MEETING OF SENIOR STUDENTS OF ST. BARTHOLOMEW'S HOSPITAL.

A MEETING of the senior students of St. Bartholomew's Hospital was held on the 1st of October, at 2 P.M., at the "Albion," Aldersgate-street. Though the time and place of meeting had been announced only a few hours previously, more than eighty were present. The resolutions proposed were all passed, not only with unanimity, but with the strongest signs of approval. So decided an expression of opinion on the part of the students has not been manifested for many years. In the following report the names of the speakers are omitted for obvious reasons.

A former resident medical officer was voted into the chair, and opened the meeting with the following remarks:—We are met together to assert a principle—one which I am sure would assert itself in spite of us, were we to attempt to repress it, for it is a national instinct; I mean the principle of self-government. We are a constituent body; our fees are our taxes (and they are not small ones), and the institution we support is the Medical School of St. Bartholomew's Hospital. Now, though it is obvious that the age of the majority of us, and the position of such of us as are pupils, must prevent our having any considerable share in the regulation of the School, we are still, all of us, of such an age that our opinions, when they are strong, and relate to our welfare as students, deserve a certain consideration. Let it be well understood that we do not claim to control the Medical School; quite the reverse. We recognise our position as a governed, but nevertheless, in some sense, a constituent body, and as such we expect that our voice should be heard. The experience of the last few years has taught us, however, that unless our opinions are brought together into a unanimous expression they can be made to have no influence. Hence this meeting. As the opinions of several eminent men have been elicited, by Dr. Mayo's dismissal, on some of the subjects which will come before us, I shall first call on him to read some extracts from letters which he has with him.

Dr. Mayo then read, as requested, portions of letters he had received from several eminent men, expressing their concurrence in his views on hospital reform.

A fifth-year's man, in proposing the first resolution, said that it was needless to remind the meeting that the session had opened in an unprecedented manner, inasmuch as the usual inaugural address had been omitted. To discover the cause of this omission it was not necessary to go very far back; most of those present would remember that two years ago the entrance into the theatre of an unpopular member of the governing body of the hospital had been the signal for an unexpected and violent demonstration, the significance of which it was impossible to mistake. At the next introductory address this gentleman had been conspicuous by his absence; and it had become well understood that, in compliance with the unceremoniously expressed wish of the students, he never meant to be present again. Here arose the difficulty; it looked bad for the lecture to take place in the absence of this official; to remove the causes of the disaffection vented on his head would involve too much trouble, and therefore this time-honoured custom was suppressed merely because a gentleman had made himself obnoxious. Was this a fair way of meeting the difficulty? He thought not; if there only existed between the students and the authorities such an understanding as there not only ought to be, but easily might be, there need be no fear of demonstrations; and to omit the lecture was an attempt to evade responsibility for the present state of things by throwing the onus of it on the students; that, course in his opinion, was unjustifiable. He then read as follows:—"That this meeting desires to express its regret that the hospital staff have decided to omit the customary inaugural address and welcome to the new students; and that by this omission an unnecessary stigma had been cast upon the reputation of the Medical School of St. Bartholomew's Hospital."

A student of the third year, on rising to second this resolution, said that a little noise, good-humouredly made, was always good-humouredly taken on similar occasions, both at the hospitals and universities; and he thoroughly agreed that the fact of an unusual scene having been excited by an obnoxious official was no justification for suppressing the inaugural address. The students certainly did not desire the presence referred to, but it was by no means essential to the occasion.

A former dresser having expressed himself in the same sense, the resolution was put to the meeting, and carried unanimously.

The next resolution was proposed by a former dresser, who said he felt sure that everyone present must sympathise heartily with Dr. Mayo, and feel convinced that he had suffered a great wrong in being dismissed from his office for the only crime of being too conscientious in the discharge of his duties. Doubtless the House Committee thought that in acting thus they had silenced both him and his fellow-students; but that crowded meeting was of itself a proof that the contrary was the case. Though he would rather that a man senior to himself had been addressing

them on this subject, he had been at St. Bartholomew's quite long enough to learn how much cause there was to regret the influence which the Treasurer had hitherto exercised over the school, the staff, and the governors. He felt, too, that it was much to be regretted that the staff had given no expression of opinion on the subject of Dr. Mayo's dismissal. He therefore begged to propose the following resolution:—"That this meeting desires to express also its unqualified dissent from, and disapprobation of, the course of action taken by Mr. White and the House Committee in dismissing Dr. Mayo from office for complaining of the insufficiency of the junior staff; and condemns the endeavour to silence by such means a straightforward and manly protest in a public cause. It wishes, also, to testify its hearty sympathy with, and to tender its best thanks to, Dr. Mayo, unsupported as he has been by any expression of opinion on the part of the Medical Council.

Another student of the same standing seconded the resolution. He said that he wished to speak with all possible respect of the senior members of the staff individually, but it could not be denied that they had been wanting in spirit as regards an expression of opinion on the present question. It was not to be expected that a small body of city tradesmen would be competent to enter into its real merits; it was therefore the more incumbent on the staff to emerge from their usual silence and passiveness. The result was to be seen in the fact that as soon as the ranks of the temporary staff were strengthened by the acquisition of a man of unusual experience and standing, he was dismissed for being too enlightened and straightforward.

The motion was then put to the meeting, and carried unanimously.

Dr. Mayo, on rising to acknowledge the resolution, was received with cheers which lasted some minutes. He said that he approved strongly of the old maxim, "Fiat experimentum in corpore vili," and was very glad to have supplied the "vile corpus" for this great experiment, in which his own case was a mere episode. The real question was, whether they could not succeed in improving the administration of the endowments of St. Bartholomew's Hospital; and he thanked them most heartily for their approval of his humble efforts to draw public attention to it. He assured them that he should never forget that day, nor the kindness which he had received from his fellow-students.

The proposer of the third resolution said he was an old student of the first year, and was well acquainted with the hospital. He was also a governor of other medical charities, and in reflecting on St. Bartholomew's Hospital would probably be reflecting on them as well, because few institutions of the kind would stand the ordeal of a strict examination. With regard to the out-patient departments, he could answer for their being greatly abused. Only recently there had come to his notice two flagrant cases in point: the one was that of an hospital out-patient, who was found to be a man worth £10,000; the other was that of a child of a tradesman in the receipt of four or five hundred a year. Coming back to their own hospital, it was obvious, that with the increase of the number of out-patients, there was an increasing proportion of improper applicants; that even in the wards this held good, for anyone who saw the thousands pour in on visiting days must remark that they nearly all present the appearance of being in a well-to-do condition,—the proportion of wearers of silk dresses was quite astonishing. As regards the administration of the revenues, they could only form their opinions by means of a few prominent results, as the accounts of the institution appeared to be a secret strictly confined to a favoured few, nothing like a balance-sheet ever being published. However, most of them knew that a late treasurer, for something better to do with the revenues, had spent from thirty to forty thousand pounds in refacing the hospital with stone; and, in their own time, they had just witnessed the expenditure of a sum, probably reckoned by thousands, in the gilding and decorating of the hall, and emblazoning on the staircase walls the coats-of-arms of the *employés* in the office. On the other hand, there had been a long-standing effort on the part of the executive to limit the prescribing powers of the students, because of the cost of the drugs. The nurses, too, were expected to be on duty for fifty hours out of every seventy-two, and they were frequently on duty thirty-six hours consecutively. The statistics of the mortality and sickness among these women showed a death-rate treble the average, and the proportion of sickness was as 22 to an average of 9; from the published tables it was obvious that over 60 per cent. of the nurses had been warded during the past year. As another illustration of the hospital mismanagement, when a pint of essence of beef had been ordered, only half a pint was sent up; and when half a dozen oysters, but five made their appearance. But instances of the kind were so numerous and so petty that he refrained from enumerating any more of them. He then proposed—"That this meeting believes that the defects in the present administration of the endowments of St. Bartholomew's Hospital call for parliamentary inquiry, and permanent Government supervision, in the interests of the public."

A former student of some years' standing, in seconding the resolution, said that, so far as he could discover, the present mode of government of the hospital was the birth of chance, and of the neglect of the corporation. The management of the revenues had now fallen into the hands of a body of self-elected governors, whose only qualification was the payment of fifty guineas. At best this could be but a haphazard mode of selection. Many of these governors lived at a distance from the hospital, and knew little or nothing of its internal management. Almost their only function was to give their votes at elections of medical officers in accordance with the advice of their friends. The real power lay with those who were in the city every day. The business, in fact, was committed to the Treasurer and House Committee, who were practically irresponsible. The system which committed the control of these large endowments, and the patronage dependent upon them, to men who were supposed to be remunerated solely by the position which they gained in their own circle by connexion with the institution, was essentially a bad one. There was nothing in the duties of a treasurer or other managing officer of such an institution which should place him on a different footing from that of a manager of a bank or an insurance office. All effective work of the kind must be responsible work, and paid work. A body of persons selected, he might say, at random, and often connected with one another by ties of business, ought not to be exposed to the temptations offered by such enormous facilities for jobbery. So much for *a priori* arguments. Now let them look at a few of the results. Some of them were going to dine that day in a room in the hospital overlaid with costly decorations, gilding, and varnish, reserved for the festivities of the managers of the hospital. If they went across the square, they would see the other side of the picture: in overworked officers, a grossly mismanaged out-patient department, and accommodation for the nurses which was a disgrace to humanity. In the decorations of the hall they would see chiefly the glorification of aldermen, governors, and donors of small sums of money. But on whom did the fame of St. Bartholomew's rest? On the forgotten names of those who had once a share in its management? No; but on such men as Harvey, Pott, Pitcairn, Abernethy, Lawrence, and a host of others. These were the names which went down to posterity, and theirs were the memories in which they took pride.

The resolution was then carried unanimously.

A former student said he regretted that the younger members of the school were not allowed a voice in elections, as by the French system of *concours*. This would be a most useful check upon bad appointments. It was also much to be regretted that the junior offices were unpaid; the consequence of which was, that no man, however able, could remain at the hospital after his ordinary term of studentship, unless he could afford to spend some years without earning anything. Moreover he had then little chance of obtaining an appointment, unless he or his friends possessed a good deal of third-rate city influence. In proof of this he appealed to the list of governors. This was of course an invidious subject, on which he could not enter into particulars. But, without referring to individual cases of able men who had left the hospital and succeeded elsewhere, and of others who had remained, it was quite clear that such a mode of selection could not be relied on to secure teachers who were the best qualified to do justice to the vast opportunities of the hospital. He therefore moved—"That the present system of electing officers to the staff is not calculated to secure such clinical teachers as the pre-eminent opportunities of the hospital demand."

A recently qualified pupil, in seconding the motion, said

that he knew full well the extent of the clinical teaching at St. Bartholomew's Hospital. When he went round the wards he found only two ways of ascertaining the nature and treatment of a case: either to remain satisfied with the scanty information recorded on the board, or to put incessant questions to a gentleman who rarely volunteered a remark. But the most flagrant defect in the educational system of the school was the department of morbid anatomy: the post-mortems were not properly announced; and with regard to pathological teaching, the school had known none since the resignation of Dr. Andrew. He certainly agreed that regular clinical teaching required to be introduced into the school, and that the system of pathological examinations needed radical reformation.

A late dresser then rose to say that one of the greatest advantages of a free press is the powerful aid it affords to efforts for the removal of evils which would otherwise fail to secure attention. In the instance of their recent difficulties, the students had received invaluable support from the press, especially the medical portion of it. He therefore begged to propose the following resolution:—"That the best thanks of this meeting are due to the public press for the manner in which they are seconding the efforts now being made to further the cause of hospital reform."

This, having been seconded by a former house-surgeon, was put to the meeting and carried.

The meeting then closed with a vote of thanks to the chairman.

SOCIAL SCIENCE ASSOCIATION.

ON Thursday (Sept. 30th) an excellent paper was read by Dr. Budd on the question, "Can the Government further beneficially interfere in the prevention of infectious diseases?" He stated that all propagating diseases furnish the great field for preventive medicine, and still more emphatically they furnish preventive medicine with its great opportunity. In London, in an average year, they constitute one-seventh of the deaths, and in epidemic years one-fourth. Dr. Budd expressed the opinion that when all the really self-propagating diseases are put in their right place, they will be found to be chargeable with nearly half the occurring sickness, and with nearly one-third of the total number of deaths. These are the slain only. Multiply this by ten or twelve, and we shall get the number who, amid pain and suffering, have struggled through. The real amount of human misery, however, cannot be reckoned by these bald figures. To all efforts for improving the purity of air, water, and food, he wished God speed: for air, water, and food, are the chief media through which the germs of infection enter the human body. With respect to infectious diseases, the work of prevention is direct, signal, and decisive. We may often protect an entire community from impending and wholesale mortality. He asserted that in all essential points the law of propagation is perfectly made out. Each infectious disease is caused by a specific entity. The living body is the soil in which the entity grows and multiplies, and from which the seed issues. The conditions of the problem are clear before us. The thing required is to destroy the infectious seed as it issues from the body of the already infected man. To do so may be difficult, but is not impossible. The whole case is ripe for action. The law of spreading is made out; the principles of prevention are clear; all that is needed is a fitting organisation. Without State interference any individual, or any community, may convey infection to any other. But to interfere with effect our present machinery must be greatly enlarged, radically altered, and endowed with new powers—power, above all, to abrogate the permissive character of our present sanitary legislation, and to do away with that form of liberty to which some communities cling, the sacred liberty to poison unto death, not only themselves, but their neighbours. Dr. Budd commented on the universal presence of infection, and the inadequacy of the existing sanitary machinery to cope with it. We have a small board of very able men, largely occupied, among other things, in writing very excellent reports; but we want a standing army, well trained, and ably commanded, to garrison the land. Dr. Budd described the practical measures necessary, and which are already known to the readers of this journal, and concluded an admirable address by saying that diseases which kill 15,000 English people annually, and sicken 140,000 more, might be altogether abolished and driven out of the land.

It was resolved, after an interesting discussion, "That this meeting is of opinion that not merely can Government beneficially interfere in the prevention of infectious diseases, and the general promotion of sanitary reform, but that it is imperatively called upon, after sufficient inquiry, and on receipt of the Report of the Royal Commission, to arrange and simplify existing laws, to make sanitary legislation compulsory, and to assist in obtaining for the people pure air, pure water, and pure food." It was also resolved that, in order to secure the effectual action of sanitary law, it is desirable that a special department of the State should be created, for the supervision and regulation of the public health.

In the section of Economy and Trade, the Rev. Canon Girdlestone bore testimony to the insufficient arrangements for supplying medical relief to the sick poor in the agricultural districts. He gave every credit to the medical officers for a sincere desire conscientiously to do their duty; but, under the circumstances, this was often quite impossible. In his neighbourhood, the medical officer was placed in charge of a district extending over 19,000 acres, and comprising 6000 inhabitants, and his salary, £79 per annum, was not more than sufficient to find the drugs, the very moderate application that the guardians should pay for cod-liver oil and quinine having been recently refused. He expressed a very strong opinion that the Poor Law, as generally administered, is nothing more than a rate in aid of wages, and that the wages of the agricultural labourers would never rise until there was a great alteration in the administration of the law.

The chairman, Mr. Samuel Morley, M.P., said that he was satisfied that the sufferings of the poor were not reached by the present Poor Law, and he recommended the adoption of some scheme by which persons of all sects might join action, and ensure a thorough visitation of the poor. It was resolved,—

"That there is an absolute necessity, for the due relief of poverty, that there should be a Charitable Committee, acting in conjunction with Boards of Guardians, and that a system of house-to-house visitation should form an essential part of the public system of relief."

On Monday morning an able address on Health was read by Dr. Symonds, who observed that it might seem that if individuals and families took due care of their health, the general health must be the natural result, or rather the sum total. But man is a gregarious animal, and naturally dependent, and there would always be needed, especially since the rapid growth of large towns, legislative measures to overcome apathy, and the passive obstruction of ignorance. The address gave a succinct history and the present state of the question of public health. Dr. Symonds is an advocate for a system of State medicine, with a special class of officers, and he looks forward to a time when the narrow life now enjoyed will be exchanged for one of wider range in every respect. The production and economy of food, as now existing, may hereafter seem rude and barbarous, but it requires strong faith to believe that the causes of hereditary diseases will decline and die out.

In the Health Department there was a positively wild discussion on the question of extending the Contagious Diseases Act to the civil population. Very temperate papers and observations were addressed to the meeting by Mr. Swaine, of Devonport, and by the chairman of the Albert Hospital; but the same can scarcely be said of the addresses of some clerical gentlemen, who seemed to think that England had never suffered so dire a calamity as the passing of an Act which, whatever may be its faults, has undoubtedly effected a large amount of good. The old argument of a divine judgment against immorality came up with its ancient force; and the Section, after a period of noise and confusion which no efforts of Dr. Symonds could restrain, passed a resolution protesting against secret legislation, and the passing of the Bill without public discussion.

The proceedings were not calculated to give any weight to the decision. The resolution, however, was carried, notwithstanding the protest of Mr. Hastings, the Chairman of the Council, that it was altogether irregular, and contrary to the usual practice of these meetings.

THE HOSPITAL ANNUAL DINNERS.

ST. BARTHOLOMEW'S.

THIS annual gathering was held on the 1st inst., in the old hall of the hospital, which has during the past year been elaborately redecorated. The chair was taken by Mr. Holmes Coote. The company included nearly all the medical staff, and the governors and visitors were represented by Sir Trevor Lawrence, Mr. Clifton, the Rev. G. C. Bell (head master of Christ's Hospital), Dr. Carr, Dr. Paget, and others. The Chairman, in proposing "St. Bartholomew's" as a medical school, reverted briefly to its past history, its present *prestige* (as being able to number in its ranks such men as Burrows, Paget, Savory, and others), and to the fact that it had been and now is one of the largest, oldest, and most flourishing of similar institutions in London, and that on this account they could well afford to set an example in the discontinuance of the usual introductory lecture—a custom perfectly good and proper, but now somewhat worn out and almost wholly devoid of interest. Dr. F. J. Farre briefly responded. After other routine toasts, Mr. Paget rose to propose "the health of the Governors of St. Bartholomew's Hospital." He said that this was a toast specially appropriate to the occasion, because the subjects thereof represented an institution where, among those present, old friendships were first formed and new friendships first begun, and because the hospital has always recognised the school as an indispensable adjunct to its sphere of usefulness. He wished it to be clearly understood that complete concord existed between the governors and the medical staff in the discussions about the administration of out-patient relief; that the matter was still under discussion; that it was a grave question as to whether the number of out-patients should be diminished, or the medical staff increased; that delay was not synonymous with discord; that both governors and staff were at unity in design and purpose in solving the difficulty for the advantage both of hospital and school; and that Mr. Clifton, with other medical men now on the board of governors, would, he was convinced, give right words at the right time and place. The other toasts were of a purely complimentary character, and there was a universal expression of regret that in future years the social arrangements of the evening would not be superintended by Mr. Thomas Smith, whose genial temper and untiring exertions have, for some years, so greatly contributed to the success of these prandial meetings.

ST. GEORGE'S.

SIR CHARLES LOCOCK, Bart., presided at the annual meeting of the lecturers and the present and former students of this Medical School, which was held at Willis's Rooms on the 1st of October. About 100 gentlemen were present, many of whom had come from distant parts of the country for the purpose of hearing the introductory address in the afternoon, and afterwards meeting in social intercourse those former friends from whom in many instances they had for years been separated. The St. George's men always seem to muster well on these occasions, and there is a fine *esprit de corps* amongst them. The dinner and the loyal toasts having been disposed of, Sir Charles proposed the toast of the evening, "Success to the St. George's Hospital Medical School." In doing this he alluded to the days when he himself as a student had been obliged to wander from one end of the town to the other, in order to attend the classes of the different lecturers, and contrasted this with the advantages the students now possessed in having within the walls of the hospital a school which was perfect in its arrangements. He also spoke of the benefits which he hoped the students would derive from the introduction into the school of a modified tutorial system, by which attendance upon lectures and hospital practice was rendered compulsory, and of the efforts made to teach them, instead of leaving them to learn or not, as they felt disposed. He then touchingly referred to the very few of his contemporaries who now remained, and encouraged those who were younger than himself to attend as frequently as they could these annual gatherings, by which old friends were brought together, and former friendships renewed;—by which those whose professional duties had taken them to the country had the opportunity of meeting and knowing the men into whose hands the responsibility of keeping up the school had fallen, and which, in his opinion, tended greatly to foster feelings of good will and mutual confidence, and to promote the object which they had all so much at heart, the prosperity of the Medical School. After some other toasts had been given, and amongst them that of the "Health of Dr. Wadham," who had delivered the introductory address, the "Health of Sir Charles Locock" was proposed by Mr. Prescott Hewett, and responded to in a speech which was received with much applause, and with which the proceedings of the evening were brought to a close.

MIDDLESEX.

THE usual old and present students' annual dinner was held at St. James's Hall after the introductory lecture. Most of the members of the staff were present, and a good many strangers, friends of the hospital and Medical College, besides a large attendance of students, in all nearly 100. Dr. Stewart occupied the chair. The toasts were the usual ones, the "Army, Navy, and Volunteers" being responded to by Dr. Dempster. After this the "Middlesex Hospital and Medical College," coupled with the name of Mr. De Morgan, who had been forty-one years connected with the hospital. The toast was received with great enthusiasm. Dr. Stewart's health was proposed by Dr. Greenhow, and warmly received. The other toasts were "Mr. Ross," "The Chairman of the Weekly Board," "The Dean," "Dr. Liveing," who had given the introductory lecture, "The Old Students," responded to by Dr. Cribb, "Mr. Moore," "Mr. Nunn," and "The Strangers," responded to by Dr. Falconer, of Bath. There were some capital music, songs, &c., during the evening. The Chairman hoped that all old students would make a point of attending these annual dinners, and thus avail themselves of the opportunity of renewing and keeping up old acquaintances, and showing their interest in their Alma Mater.

KING'S COLLEGE.

THE old students' dinner of this school is always held in the summer; but on the 1st of October, for some years past, it has been the custom for the professors to invite the junior officers of the College and Hospital to dinner, and this took place last Friday as usual, the Principal presiding.

UNIVERSITY COLLEGE.

A GOODLY number of professors and *alumni* of this School met at half-past six on Monday last, and dined together in the large library of the College, under the chairmanship of Sir Henry Thompson, who delivered the address in the afternoon. After the removal of the cloth, the usual loyal toasts were given, and this was followed by that of "Success to University College." In introducing this toast, Sir Henry briefly reviewed the progress which the College had made during its existence, and the successful way in which, though rivalled by powerful competition, it had led the way in the improvement of medical education, and the promotion of science. He attributed this success mainly to the liberal principles upon which the College was founded and administered. Sir Henry threw out a suggestion well worthy of consideration, as bearing upon the question of the further perfecting of the teaching machinery of our medical schools. He said that it was generally believed that the French schools have been lacking in energy of late years in

the prosecution of medical and surgical science, but he had been surprised, during a late visit, at the tendency at present displayed, not only by French, but by Continental schools generally, to advance professional subjects, and to study them in a more practical and earnest manner than has been the case of late years. He therefore thought it might be of great use to their School if from time to time the College could send advanced students to the Continental schools to carefully examine and report upon new practices and experience, with a view to their adoption and elaboration at home.

Correspondence.

"Audi alteram partem."

ANTISEPTIC SURGERY.

To the Editor of THE LANCET.

SIR,—The published writings of any man are, I contend, public property, and, as such, legitimately assailable. Had Dr. Keith kept this generally recognised axiom in view, he would not have permitted himself to make, nor obliged me to repudiate, a personal imputation which, so far as I can see, nothing in my former letter can justify. As I fear, however, that Dr. Keith must have misunderstood the purport of my communication, kindly permit me the following supplementary remarks. I hold,

1st, That, like creasote, with which carbolic acid has the closest chemical affinities, and which has been long used as an application to wounds, the latter may be found of value in the treatment of indolent sores, or solutions of continuity accompanied with bruising, or other complication whereby the vitality of the part may be depressed, while I am persuaded in my own mind that in the case of clean wounds *the interposition of any foreign material whatever is opposed to the reparative process.*

2nd. That it has never yet been proved that suppuration is due to sporules, for suppuration constantly takes place in situations to which atmospheric sporules could never have had access; that their existence in the atmosphere is problematical, or at least that the presence of infusoria in the atmosphere is not constant; that the *persistence* of suppuration may be due to any irritant, atmospheric, mechanical, or constitutional, for irritation of some kind or other, specific or non-specific,* is the *fons et origo mali* of this condition; and that, under these circumstances, the soaking of sponges in, the smearing of instruments and fingers with, carbolic acid, and carbolic acid drapery, to say the least of the practice, seems to me frivolous and unscientific.

3rd. That if it is simply the exclusion of air that is desiderated in Mr. Lister's method, the practice is by no means new, while to accomplish this end carbolic acid possesses no apparent superiority over other applications which have been resorted to by surgeons for this purpose.

4th. That if the whole air be excluded—a feat, by the way, of no easy accomplishment,—it is not apparent to me by what line of argument the conclusion is arrived at, granting even benefits, that these benefits are due to the exclusion of a hypothetical component part of the atmosphere, and not to the exclusion of other parts whose presence is invariable and undisputed, or to the exclusion of the entire atmosphere.

5th. That, granting that carbolic acid is an antiseptic, and may, and doubtless does, act beneficially in wounds having a putrefactive tendency, probably by congulating albumen, it is but *one* of a numerous class, and that it is unphilosophical to give *it* undue prominence, at the expense of all the rest, as Mr. Lister and his followers have done, and that without the slightest justification so far as the generality of ordinary intellects can comprehend.

6th. That the antiseptic treatment of sores or wounds is *not new*, and that the benefits of this treatment are, in suitable cases, universally acknowledged.†

7th. That in the application of carbolic acid by Mr. Lister there apparently underlies some mystery, for Mr. Lister himself makes the following remarkable concession, part of which I shall italicise:—"Anyone using carbolic acid as a 'remedy,' without reference to antiseptic principles, *will be sure to meet with unsatisfactory results, whether here or elsewhere.*" Let others render these statements as they may, I believe that if carbolic acid is an antiseptic, it will, like all other antiseptics, act antiseptically, no matter how applied; for *they* make the principles, not the principles *them*.

8th. That carbolic acid has been made, during the past few years, a medical and surgical hobby, so much so that the difficulty consists, not in enumerating the diseases said to have yielded to its therapeutic properties, but those that have not. If they have so yielded, why retain our cumbrous Materia Medica? If they have not, as I contend, notwithstanding all that has been said to the contrary, what then? Why, blow off the cloud of chaff in the shape of coincidences, and retain the grain of wheat that underlies, I believe, all panaceas, from Holloway's pills to carbolic acid, and matters will remain just as they have been.

9th. That Mr. Lister has not been the discoverer of carbolic acid, not the first to apply it to wounds, and not the discoverer of the cat-gut ligature; but I admit the first to insist on killing sporules in the interstices of this texture by carbolic acid, though by this method he has accomplished nothing but what has been achieved by Scarpa, Hunter, Astley Cooper, Dupuytren, Larrey, Hodgson, Wardrop, Liston, Travers, and others.*

10th. That the germ theory of disease and contagion, of Lemaire and others, is untenable. On this head I quote the following from an able review in the *Sanitary Record*:—"That the various fungi described by Thomé, Klob, and Haller, as the cause of cholera, and the infusorial monads, bacteria, vibriones, &c., to which Lemaire and others attribute typhus, dysentery, yellow fever, hospital gangrene, &c., are rather attendants on the morbid impurity which is associated with those diseases than the primary causes of them, might have suggested itself, we think, to the latter gentleman, from one of the experiments which he himself has related. Having allowed his mouth, it seems, to get into a foul state by refraining from buccal ablution during a week, he examined the secretion under a microscope, and found them to contain monads, bacteria, and even vibriones, in great abundance. His health notwithstanding, wonderful to relate, remained good, and not the smallest threatening of any of the ailments of which, according to him, these organisms are the causes, ensued." It is perfectly appalling to think how many, in such a city as this, must be similarly circumstanced if this neglect generates such fell products. Further, to quote from this review:—"The Rev. M. J. Berkeley, who is one of the most experienced of mycologists, has, on the other hand, failed to detect such organisms in diphtheritic membrane, although that product, being a mass of morbid matter of the most virulent kind, was exactly the situation in which they ought most readily to be discovered." Evaporating basins and spray-producers are, alas, out of court!

11th. That, judged by practical results, the use of carbolic acid has been no success. In a letter in the *Medical Times and Gazette*, the following appears:—"In the years 1860, 1861, and 1862, before the introduction of carbolic acid (into the Glasgow Royal Infirmary), I find 126 of the amputations I have mentioned recorded. Of these 126, there died 41, which gives a mortality of 1 in 3. On the other hand, in the years 1867 and 1868, or since carbolic acid has been used so extensively in that hospital, there were 73 amputations of the same kind; of those, 30 died, giving a mortality of 1 in 2½. The results are even more unsatisfactory if we take compound fractures, which are the cases reported to be most benefited by the carbolic-acid treatment. I find, in the three years already mentioned, that there were 114 compound fractures treated in the infirmary; of which 26 died, or nearly 1 in 4½. In 1868—a year in which, as I have been told, all the surgeons to the hospital used carbolic acid—there were 59 compound fractures treated, with a mortality of 20, or more than 1 in 3."

* Vide "Syphilitic and Phagedenic Ulceration," in THE LANCET for 1866. By D. C. Black, M.D.

† Vide Papers by Dr. D. C. Black, *loc. cit.*

* Vide on this subject the work of a predecessor of Mr. Lister, and a man of no less eminence, I submit, with all deference to Dr. Keith, viz., John Burns; Cooper's Surgical Dictionary; and what I call an able article "On the Ligature on the Antiseptic Principle," in the "Glasgow Medical Examiner," from the pen of my friend Mr. Reid.

Have these statements been refuted? How can they be reconciled with this carbolic-acid fuss? Be it observed that even Dr. Keith does not mention whether he had *greater* success during the employment of carbolic acid in his ovariotomy cases than during the *régime* of the old-fashioned, yet notwithstanding good, antiseptics referred to in his communication.

I hold, further, that as a rule, these medical and surgical sensations are obstructive to the progress of true science, owing to the mental diversion from other and rational treatment, and the necessary time occupied in unlearning.

Let me assure Dr. Keith that I am actuated by no captious, no ungenerous, far less personal, motive in this matter. If he and other high authorities will persist in talking of "Mr. Lister's discoveries," can he find fault if less penetrating intellects inquire, What are they? Where are they to be found? It is true that Mr. Lister's recent prelections on carbolic acid have given our medical school "a name,"—whether olive-branches and laurels have been placed thereby on the chair and memory of John Burns, it is not for me to say.

These, then, are my humble views on this subject, too extended, no doubt; but as I shall not trouble you again unless they are assailed to more purpose, I hope you will pardon the amount of valuable space occupied.

I am, Sir, your obedient servant,

DONALD CAMPBELL BLACK.

Glasgow, September 27th, 1869.

ABORTION-MONGERS.

To the Editor of THE LANCET.

SIR,—In your observations upon the sentence condemning Timson for procuring abortion, you very justly conclude that this person had no right to any professional title; and you say, "It would be satisfactory were officers of justice to take the trouble to refer to the authorised Medical Register before accepting the claim of every ignorant quack to the honourable titles of the profession."

As I was present during the trial, at the request of the Chief Commissioner of Police, by whom the prosecution was instituted, in order to give evidence as to the intent and effect of the means used by the prisoner, I am able to state that it was perfectly known that Timson had no claim to any professional title. He was described on the Calendar as a "labourer." The solicitors, Messrs. Ellis and Ellis, who instructed the counsel for the prosecution, urged a reference to the Register to show that the prisoner's name was not there. An authenticated copy of the Register was provided for that purpose; but the counsel, Mr. Cooper, who, I believe, is animated by sincere regard for the honour of the medical profession, declined to enter upon this point. He saw that his verdict was safe; and knowing that in law it made no difference whether the perpetrator of the crime alleged were a qualified man or not, he, with true forensic tact, preferred to stand where he was, and not to risk raising any fresh point.

Having been frequently called on to consider this question of criminal abortion, perhaps you will afford me this opportunity of urging an important rule in practice upon the attention of the medical profession. The young woman who was the subject of the crime in this instance—as is most commonly the case—went to the house of the abortion-monger, who then and there passed some instrument into the uterus. Now the rule I insist upon is calculated to place this conduct in the widest possible contrast to the practice of the profession. I presume no medical man, even in the case of the clearest necessity for interrupting pregnancy, would perform the operation at his own house. Apart from every other reason, he would not subject his patient to the obvious dangers attending such a course; and a woman who can walk out of doors cannot be in such urgent case as to require the operation on the spot. It is, therefore, *primâ facie* evidence of ignorance or of crime to perform the operation for the induction of labour under the circumstances proved in the case of Timson. But this would become more clear if it were laid down as an imperative rule, universally and religiously observed by the medical profession, *never to perform the operation for the induction of labour except after consultation*. This rule received the sanction of Denman and his contemporaries, at the time when the operation was first promulgated. The strict observance of it by us would strike with authoritative condemnation the conduct of those who seek to cover flagitious deeds under the pretext of performing a medical duty.

I am, Sir, your obedient servant,

ROBERT BARNES.

Grosvenor-street, Grosvenor-square, Oct. 4th, 1869.

ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I feel sure that I cannot have been the only one of Mr. Paget's friends and admirers present at our annual dinner who regretted to hear his eloquence engaged on the relations between the staff of the hospital and its executive body, and the activity with which they have applied themselves to the improvement of the out-patient practice. As you have once already given my plain English a place in your journal, I venture to offer you a few facts bearing on this question.

A long time ago, I believe some six or eight months back, a council consisting of senior members of the staff, and having no official connexion with the Medical School, presented to the Treasurer a scheme for the improvement of the out-patient practice. I am informed, on good authority, that on the 26th July last that gentleman admitted to a deputation, who were endeavouring to settle his difference with the house-surgeons and dressers, that he had not given this document his consideration, or even read it through. Three or four days after the senior members of the staff dispersed for the vacation, and they have only returned to town within about as many days.

These facts speak for themselves, and afford an instance of passiveness on the one hand, and obstructiveness on the other, that are a marvel and a sorrow to me.

I am, Sir, your obedient servant,

FAIR PLAY.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

EXPERIMENTS WITH CHLORAL.

M. DEMARQUAY, whose recent experiments on chloral I mentioned in my last letter but one, has continued his researches, and last week he informed the Academy of Sciences of the novel results he has obtained. He has been trying chloral, administered internally, in combination with syrup of balsam of tolu. The compound was administered to twenty patients in doses varying from one to five grammes of chloral. M. Demarquay summed up his communication as follows:—

1. Chloral has a well-marked hypnotic action, especially in weak and debilitated patients.

2. The duration of its action is in direct proportion with the feebleness of the patients.

3. The sleep which it brings on is generally calm, and is accompanied by restlessness only when the patients are suffering from intense pain. This induces one to employ it in diseases where it is desired especially to induce sleep and muscular resolution.

4. Lastly, this remedy may be employed in high doses, since no ill effects result from it when administered in doses of from one to five grammes.

SCIENTIFIC ASCENT OF MONT BLANC.

Dr. Lortat, of Lyons, has just made known the results of two ascents of Mont Blanc, which he had performed on the 17th and 27th of August last. He had provided himself with the necessary instruments for studying the physiological phenomena which are observed on mountain heights, and, amongst others, had taken with him several special thermometers, Bergeon and Kastus's opnograph, Marey's sphygmograph, &c. Thus he has been able

to test and examine all the phenomena known as mountain sickness, and consisting principally of difficult and accelerated breathing, frequency and smallness of the pulse, fall of temperature during walking, and return to normal heat during rest; muscular fatigue, want of appetite, occipital cephalalgia, sickness, somnolence, &c. He explains the peculiar phenomenon of fall of temperature during walking by the insufficiency of internal combustion, which, in order to maintain the temperature, is obliged to cope at the same time with the external cold and with the loss of heat transformed into mechanical work. The other symptoms, sickness, &c., would be the consequence of this loss of heat, and probably also of the vitiation of the blood by carbonic acid, the elimination of which is imperfect.

OVARIOTOMY TWICE PERFORMED WITH SUCCESS UPON THE SAME PATIENT.

M. Boinet has had the good fortune of twice performing ovariotomy upon the same patient, with the very best results. The patient was exhibited on Tuesday last to the Paris Academy of Medicine, and seemed in good condition. She is a woman of forty-eight. The two operations had been performed within the space of ten years. The left ovary, which was first removed, weighed about eighteen kilogrammes (36 lbs.), the right one 18 lbs. The patient was then in a most unfavourable condition of health. The second time she was operated upon she was almost carried off by a bad attack of diphtheria; the false membranes were limited to the air-passages, and did not cover the wound.

M. Boinet availed himself of the second operation to examine with care the mode of reunion of the peritoneum. He could detect no trace of the first operation on the abdominal serous membrane; reunion had been perfect. M. Boinet had included, as he always does, the peritoneal edges in the suture of the lips of the wound, and he infers, from the observation of his patient, that this method is the best. He contends that when sutures are made in front of the peritoneum, they favour the production of adhesions which may at a subsequent period bring on intestinal strangulation.

MORTALITY OF NEW-BORN CHILDREN; UTILITY OF CRÈCHES (INFANT ASYLUMS).

This question has again been taken up for discussion at the Paris Academy. The majority of the associates do not seem satisfied with M. Blot's report on the subject (he had been appointed by the Special Committee to report on the various documents which had been sent into the Academy). His report is considered as having more of an administrative than of a medical character, and as suggesting no fresh measures and provisions to ward off the dreadful mortality which now exists among new-born children. M. Boudet has aptly expressed this sentiment of the Academy, and has moved that a fresh examination of the question be made,—thus better utilising the important documents which the Academy now possesses. At the last meeting, M. Delpech, in connexion with this subject, read a very good paper on infant asylums, or *crèches*. These establishments are placed under the constant surveillance of a medical man. The mothers are permitted to place their children there only when they nurse them themselves. They go out to work, and return twice or thrice a day to suckle their babes. The whole process of suckling, weaning, &c., is directed by the medical officer. In the absence of the mothers there are nurses, or sisters of mercy, who tend the children. No doubt the extension of such institutions throughout the whole country would have considerable effect in stemming the tide of mortality, which now bears away hundreds and thousands of children in France.

Paris, Oct. 6th, 1869.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE appointment of Dr. Sanders to the Pathological Professorship has given general satisfaction here. The contest was very close — three voting for Dr. Grainger Stewart, and four for Dr. Sanders. The following gentlemen voted for Dr. Sanders: Sir William Gibson Craig, Lord Neaves, Bailie Skinner, and Mr. David Milne Home. For Dr. Grainger Stewart: The Lord Provost, Bailie Russell, and Bailie Fyfe.

From the arrangement of the votes, there was too much of the appearance (at least on the losing side) of Church and political support influencing the voting, as is too often the case with our local matters in Edinburgh.

Considerable changes will be made by Dr. Sanders's appointment. He will give up his physicianship to the Infirmary, it is believed, and be appointed a Professor of Clinical Medicine. Dr. Stewart will succeed to the vacancy in the hospital staff thereby occasioned. It is expected that he will give up his Pathological lectures, and that a new arrangement for conducting the pathological department of the Infirmary will be made, namely, to appoint a pathologist who will be restricted from practice, and will devote his whole time to the duties. Of late, I hear, the duties have not been so thoroughly done as they might have been. The Curatorship of the College of Surgeons' Museum will also be declared vacant, and various candidates are spoken of. The lectures on Physiology at the College of Surgeons will, it is expected, be delivered by Dr. Arthur Gamgee. The lecturers have the appointment.

In the surgical department of the Hospital, changes, consequent on Mr. Lister's appointment, have been made; but at present there are no definite arrangements. Mr. Joseph Bell ceases to be clinical assistant.

Contrary to expectation, the Merchant Company are about to reconsider the sale of Watson's Hospital to the Infirmary managers.

Edinburgh, Oct. 6th, 1869.

THE COLLEGE OF SURGEONS.

A SPECIAL MEETING of the Council of the College of Surgeons was held on Thursday, to consider a communication from Mr. Cæsar Hawkins, the representative of the College in the General Medical Council.

The subjects referred to in this communication were of an important character, upon which the following conclusions were arrived at.

The Council were, with a few dissentients, of opinion that the Examination in General Education should be left to the National Educational Bodies recognised by the Medical Council.

A proposal of the Medical Council for an enlarged curriculum of study was referred to the Court of Examiners.

The Council also agreed as to the desirability of a joint examination for a diploma or licence to practise in medicine, surgery, and midwifery, throughout her Majesty's dominions; also that attendance on lectures on Forensic Medicine should be required; and that in any amended Bill recommended by the Medical Council to Parliament, it is desirable that requisite permissive clauses for registering a qualification in State Medicine be inserted.

BRIGHTON DRAINAGE.

THERE is probably no town in the United Kingdom which is blessed with a greater set of dunderheads than Brighton. Still there are a few brilliant exceptions. Mr. Alderman Hallet, and his colleagues on the General Purposes Committee, have had the good sense to consult a thoroughly competent engineer, and to take his advice; and on Wednesday last they presented their Report, and moved that steps be at once taken to carry out the scheme of drainage which Mr. Hawkshaw has proposed. The obstructives, however, prevailed, and we regret to announce that, for another year at least, no measures can be taken to secure for Brighton good drainage and pure sea. This is the more disastrous for the interests of the town, as the offensive matters now dis-

charged at the outfall are increasing in bulk with great rapidity, 180 fresh house junctions with the sewers having been ordered to be made at one meeting of the Council, and there are fresh applications every day. In fact, the inhabitants are evidently becoming alive to the dangers and expenses of the cesspool system. Nevertheless, out of 15,000 house junctions which will be eventually required to do away with cesspools, only 4500 have as yet been made, and we cannot wonder that strangers going to the town in search of health should ask, before taking lodgings, whether there is a cesspool in the yard, or a proper junction with the sewer. The Chairman of the Brighton Railway has given a warning to the Council which nothing but the blindest prejudice and ignorance would set aside. He says:—

"The experience of the present season's traffic proves conclusively that Brighton is suffering from, and other watering-places on the South Coast are benefiting by, the existence of a dislike on the part of the public, which, whether well or ill founded, is generally felt against any system by which the sewage is discharged into the sea in front of the town."

It is, however, hopeless to add a word to such an appeal as this, and it must rest with the inhabitants whether they will ruin the town for the sake of a three-halfpenny rate for a space of fifty years.

FILTERS FOR ARMY USE.

IN an appendix to the Army Circulars for the present month, just issued, we are furnished with the results of a lengthened inquiry by the Army Sanitary Committee into the capabilities of various patent filters. The experimental part of the inquiry, which was, we understand, of a most elaborate and protracted description, was undertaken for the Committee by Professor Parkes at Netley. The following are the practical conclusions arrived at, and submitted for the information of the Secretary of State for War:—

"The different filters of private makers submitted to experiment all exercise a greater or less purifying power on water. They all remove suspended impurities. They all oxidise, more or less effectually, hurtful organic matter held in solution. They all appear to remove a certain amount of dissolved salts to which the hardness of water is due.

"But this purifying power is not of indefinite duration; on the contrary, it deteriorates in proportion to the impurity of the water to be filtered, or in proportion to the amount of water passed through the filter, and after a time, if the filter continue pervious, a certain portion of the impurity already in the filtering material is dissolved in the water, and passes with it out of the filter so as apparently to increase its impurity.

"That all the filters after a time become clogged, and either discharge very slowly or not at all.

"This clogging depends partly on suspended impurities and on organic matter, partly on lime or other salts. Organic matter can be more or less removed by passing a solution of permanganate of potash through the filter to oxidise it. The salts may be diminished by washing with pure water, or by passing a weak acid solution through the filter. But in practice all these filters require to be cleansed, or to have the filtering material taken out and replaced by persons practically conversant with their construction.

"Such being the case, the Committee are not prepared to recommend any of these filters for use at foreign or Indian stations. The amount of care required for cleansing and keeping them in efficient order (without which filters would be worse than useless) would, in the opinion of the Committee be practically unattainable, while the cost of returning filters for cleansing to the makers would be far too great to be incurred.

"Wherever water can be filtered and stored on the large scale, the fixed sand filters advised for adoption by the Committee in their suggestions for the sanitary improvement of Indian stations, if properly constructed and cleaned periodically, or renewed if necessary, would be found sufficient.

"That the present question regarding filters applies specially to providing an economical, efficient, easily constructed, and easily cleansed filter for hospital and barrack-room use, and in the opinion of the Committee such a filter can be made at any station under superintendence of the engineer, provided the following simple principles are kept in view.

"The experiments made by Dr. Parkes have shown—

"That fine sponge, if used as a filtering medium, arrests almost entirely the suspended matter in water, while sponge admits of easy removal, cleansing (by washing), and replacing.

"That clean sand and charcoal have a direct oxidising power on dissolved organic matter, and they likewise admit of easy removal, cleansing, and renewal when necessary.

"That by making use of these properties, filters can be constructed of any convenient vessel, but that probably in practice each filtering substance had better be placed in its own vessel, the vessels being arranged one over the other, for facility of cleansing and renewal.

"This application may, perhaps, be more easily illustrated by reference to vessels already in use at Indian stations:—Thus, the filter for an hospital ward or barrack-room might consist of—1. A narrow-necked large earthen jar placed on the ground to receive and contain the filtered water. 2. Over this jar might be placed, in a convenient frame, a globular earthenware vessel with an open mouth and a hole in the bottom fitted with a sponge. The half of this vessel to be filled with small pieces of charcoal made of light porous wood. 3. Over this charcoal vessel a second similar vessel with the bottom hole fitted with sponge to be placed. This vessel to be half filled with clean sand. 4. An upper vessel similar to the others with the bottom hole fitted with sponge of finest texture.

"The action would be as follows:—Water to be filtered would be poured into the upper vessel. It would (if the sponge were clean and properly inserted into the bottom hole) be deprived of its suspended impurities, and would pass into the second or sand vessel, clear, but containing dissolved substances, including organic matter. In passing through the sand the water would be deprived of a certain amount of both impurities, and would pass through the second sponge into the third or charcoal vessel. In passing through this portion of the filter the water would become sufficiently pure for use, provided it were fit for use at all. By a simple arrangement it would be possible to protect the water in the recipient from the bad effects of impure air or other impurities during and after the process of filtration.

"As already stated, all filtering media only act for a time, and the best judge of the necessity for cleansing or renewing the filtering media would be the medical officer, who could ascertain with great ease the state of the filter by very simple tests. It should be the duty of the medical officer to see to this, and filters requiring it should be cleansed by careful washing, or by renewal of the filtering media regimentally under the direction of the medical officer.

"Lastly, the Committee do not consider it necessary to do more than indicate in this general way the application of the conclusions arrived at in this inquiry. The details should be left to the authorities at each foreign or Indian station where water filters of this class may be required."

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Sept. 30th:—

Allen, Matthew Septimus, Dudley.
Davies, Henry Nanaton, Cymer, Pontypridd.
McEvoy, Francis, Eastcote, Pinner.
Yates, Walter Peel, Nottingham.

The following gentlemen also on the same day passed their first professional examination:—

Ray, Wm. Joseph Richd., Westminster Hospital.
Walford, Edward, St. George's Hospital.

UNIVERSITY INTELLIGENCE. — OXFORD, Oct. 4th.—The Regius Professor of Medicine (Dr. Acland) has given notice that the final or practical examination of candidates for the degree of Bachelor of Medicine will be holden in the last week of November at the Museum, and that the first or scientific examinations for the same degree will be held in

the first week of December at the same place. Candidates for either examination are requested to give notice to the Professor of their intention to appear on or before the 1st of November. Notice is also given that persons who require information concerning the regulations of the University in respect of degrees are to apply personally or by letter at the Registry of the University.—The Radcliffe Librarian (Dr. Acland) has given notice that, for the purpose of aiding natural science students, and others, in acquiring the power of correct drawing from nature, Mr. Macdonald and Mr. Roberts will resume their class of natural history and anatomical drawing in the Library on every Thursday evening during the next two terms, at 7 P.M. Persons desiring to avail themselves of this help can learn further particulars by applying to the Sub-Librarian at the Library from 2 to 4 on any day.

UNIVERSITY OF CAMBRIDGE, Oct. 6th.—The Professor of Anatomy gives notice that the lectures on Practical Anatomy will commence on Monday, Oct. 11th, in the Old Anatomical Schools, at 1 P.M., and be continued daily. The course of lectures on Anatomy and Physiology will commence on Tuesday, Oct. 19th, at 1 P.M., in the New Museums, and be continued on Tuesdays, Thursdays, and Saturdays. This course is intended for students of natural science as well as for medical students. Members of the University not requiring certificates are at liberty to attend without fee.

ST. BARTHOLOMEW'S HOSPITAL.—Mr. Samuel and Mr. T. B. Archer have been appointed house-surgeons, vice Williams and Evans. Mr. Coalbank and Mr. Andrews have been appointed house-physicians, vice Hollis and Mayo. Mr. Marsh has been appointed Demonstrator of Anatomy.

MIDDLESEX HOSPITAL.—Mr. Robert Harry Lucas has been appointed senior house-surgeon, vice Mr. John J. Swindell, whose term has expired; and Mr. Samuel Pidwell has been appointed junior house-surgeon, vice Lucas.

ST. GEORGE'S HOSPITAL.—Clarence Visick, M.R.C.S. Eng., has been appointed obstetric assistant, vice Holderness, resigned.

A WATERPROOF MANUFACTURER was last week summoned at the Southwark Police Court, by Dr. Puckle, the Lambeth officer of health, for carrying on a business of an offensive nature, and dangerous to the health of the neighbourhood. The defendant was fined £5, and ordered to discontinue the nuisance within a week.

SUBSCRIPTIONS to the amount of £2400 have been promised towards establishing the proposed Lincolnshire Seaside Convalescent Home. The site has been presented, and the building will be gone on with at once.

THE "North Wilts Herald" announces, "with deep regret," the death of Dr. W. H. Colborne, who has been many years in practice at Chippenham. The *Herald* says:—"He was greatly respected and esteemed, and his death has cast a gloom over the whole neighbourhood."

Obituary.

DR. JOHN SMITH.

WE have to record the extremely sudden death of Dr. John Smith, of Polruan, Cornwall, which occurred on Tuesday week. The deceased gentleman had just returned home in his usual health and spirits in the evening, and was beginning to take off his boots, when he fell back in his chair, and died immediately. He had been in practice for many years, and was much respected in the neighbourhood.

DR. JOSEPH C. COOKWORTHY.

DR. JOSEPH C. COOKWORTHY, of Princess-square, Plymouth, Consulting Physician to the Plymouth Public Dispensary, and formerly President of the Royal Medical Society of Edinburgh, died on the 10th inst., at the age of seventy-seven years. The funeral, which took place at Plymouth on Friday week, was quite of a public character, the mayor, corporation, magistrates, and a large number of the inhabitants and others being present. The Dispensary Committee, at their last quarterly meeting, passed a resolution expressive of their deep sense of Dr. Cookworthy's long and valuable services.

DR. RUBIDGE, F.G.S.

THE *Cape Argus* announces the very unexpected death of Dr. Rubidge, F.G.S., of Port Elizabeth, and dwells on the deceased's life and scientific acquirements in language of the most appreciative character. Dr. Rubidge's special delight was in geological and botanical research; and whenever his professional avocations gave him leisure, he would travel any number of miles to examine a formation or to possess himself of a specimen. His loss has been deeply felt in the colony.

Medical Appointments.

BRIGEL, Dr. HERMANN, has been elected Physician for the Treatment of Skin Diseases to Charing-cross Hospital.

BESTALL, R. M'C., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Dungarvan Dispensary District of the Rathdrum Union, Co. Wicklow, vice Aris Brass Sherwood, M.D., deceased.

BOGG, E. B., M.D., has been appointed Physician to the United Ports and General Insurance Company.

CESAR, A., L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator for the Eastern District of Mile-end Old-town, vice James Stephenson, M.R.C.S.E., deceased.

CESAR, H. A., L.R.C.P.Ed., has been elected Medical Officer for the Northern District of Mile-end Old-town, and Public Vaccinator for the Workhouse and Schools, vice Arthur Cæsar, appointed to the Eastern District.

CANN, T. M., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 4 of the Newhaven Union, Sussex, vice B. J. Tuck, M.R.C.S.E., resigned.

COWAN, R., M.D., has been elected President of the Glasgow Faculty of Medicine.

DAVIS, Dr. J. W., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballycroy Division of the Achill Dispensary District of the Newport Union, Co. Mayo, vice Wm. Marcus M'Dermott, L.K.Q.C.P.I., resigned.

DAY, W. H., L.R.C.P.Ed., has been appointed Medical Officer for the Chevet District of the Wakefield Union.

FITZMAURICE, J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Western District of the Christchurch Union, Southampton, and Medical Officer for the Workhouse, vice A. Q. Palmer, M.R.C.S.E., deceased.

LLOYD, H. J., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Barmouth District of the Dolgelley Union, vice F. P. Davies, M.R.C.S., deceased.

LOMAS, W., M.D., has been appointed Physician to the Royal General Dispensary, Bartholomew-close, vice R. S. Sisson, M.D., resigned.

MACINNES, J., L.F.P. & S. Glas., has been elected Vice-President of the Glasgow Faculty of Medicine.

NICHOLSON, Mr. J. H., has been appointed Dispenser to the Sheffield Union, vice Mr. O. Barber, resigned.

O'NEILL, P. J., L.K.Q.C.P.I., has been appointed Medical Officer and Public Vaccinator for District No. 9 of the Lexden and Winstree Union, Essex, vice L. H. Franklyn, L.R.C.P.L., resigned.

QUICK, J., M.R.C.S.E., has been elected Medical Officer for the Penzance and Paul or No. 5 District of the Penzance Union, Cornwall, vice F. Boase, M.R.C.S.E., resigned.

SANDERS, W. R., M.D., has been appointed Professor of General Pathology in the University of Edinburgh, vice Wm. Henderson, M.D., resigned.

SKAIFE, Dr., of Westbourne-road, Holloway, has been appointed Medical Officer to the Drovers' Sick and Benevolent Society, Butchers' Arms, York-road, Islington.

STACKPOOLE, G. C., M.D., has been appointed Medical Officer for the Banstead District of the Epsom Union, vice J. B. Ayre, M.R.C.S.E., resigned.

SUTHERLAND, W., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer for District No. 2 of the Bellingham Union, Northumberland, vice J. Mason, L.R.C.S.Ed., resigned.

WARD, J. B., B.A., M.B., has been appointed Assistant Medical Officer to the Warwick County Asylum, Hatton, vice R. F. Nell, M.R.C.S., resigned.

WILLIAMS, D. W., M.D., has been appointed Physician to the West Norfolk and Lynn Hospital, vice E. Archer, M.D., deceased.

Births, Marriages, and Deaths.

BIRTHS.

ARCHER.—On the 30th ult., at Tynemouth Castle, the wife of S. Archer, M.R.C.S.E., Assistant-Surgeon 98th Regiment, of a son and daughter.

GOOD.—On the 23rd ult., at Dorchester, the wife of John Good, M.R.C.S.E., of a daughter.

MILLER.—On the 3rd inst., at St. Vincent-street, Glasgow, the wife of Hugh Miller, M.D., L.F.P. & S. Glas., of a son.

MONRO.—On the 27th ult., at Arbroath, the wife of Dr. Monro, of a son.

WEBER.—On the 24th ult., at Grosvenor-street, the wife of Hermann Weber, M.D., of a daughter.

WHITBY.—On the 22nd ult., at Ottery St. Mary, the wife of Dr. Charles W. Whitby, of a son.

MARRIAGES.

HILL—EVANS.—On the 21st ult., at Cricklowell, Philip Edward Hill, M.R.C.S.E., L.S.A.L., of Newport, Monmouthshire, to Gertrude Marianne Susan, youngest daughter of the Rev. John Evans, B.D., Rector of Cricklowell.

JACKSON—MUGLISTON.—On the 29th ult., at St. Thomas's, Radcliffe, Manchester, George Jackson, L.R.C.P.L., of Plymouth, to Agnes Jane, elder daughter of the late John Mugliston, of Radcliffe, Manchester.

PHILPOTS—MAY.—On the 30th ult., at Aberdeen, Edward Payne Philpots, M.B., C.M., of Leamington, to Charlotte Elizabeth May, youngest surviving daughter of the late Arthur Thomson, Esq., of Aberdeen.—No Cards.

RICHARDSON—CROSSMAN.—On the 28th ult., at the Parish Church of Berwick-on-Tweed, H. Richardson, M.D., Staff Surgeon R.N., to Margaret, second daughter of Robert Crossman, Esq., of Cheswick, Northumberland, and Surbiton, Surrey.

DEATHS.

BIRCH.—On the 3rd inst., at Barton-under-Needwood, William Birch, F.R.C.S.E., aged 63.

BLACK.—On the 27th ult., at Perry-hill, Sydenham, Dr. J. R. H. Black, late of Sumner-place, Brompton, formerly of Philadelphia, United States, aged 73.

COLBORNE.—On the 27th ult., W. H. Colborne, M.D., of Chippenham, Wilts, aged 47.

DRUMMOND.—On the 1st inst., Robt. Drummond, L.F.P. & S. Glas., of Upper Bridge-street, Stirling.

GIBSON.—On the 25th ult., at Brookside House, Birtley, Fence Houses, Geo. Gibson, M.D., aged 48.

HEWITT.—On the 28th ult., at his father's house, Frederick Hughes Hewitt, M.D., of Chapel-street, Belgrave-square, eldest son of Frederick Hewitt, Esq., of Clapham, aged 47.

BOOKS ETC. RECEIVED.

Mr. Heath on Practical Anatomy.
Prof. Miller's Elements of Chemistry.
Mahaffy on Primitive Civilisation.
Meyer's Medical Electricity.
Niemeyer's Text-book of Practical Medicine. Vols. I. and II.
Mr. Holden on Human Osteology.
Dr. Cotton on Phthisis and the Stethoscope.
Professors Knapp and More's Archives of Ophthalmology, &c.
The Quarterly Journal of Science. October, 1869.
The Quarterly Journal of Psychological Medicine, &c.
British Journal of Dental Science.
British and Foreign Medico-Chirurgical Review.
Journal de Médecine Mentale.
Archives Générales de Médecine.
&c. &c. &c.

Medical Diary of the Week.

Monday, Oct. 11.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Oct. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Oct. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council.—8 P.M. Mr. Hutchinson, "On some of the principal Diatheses and their Mutual Relations."

Thursday, Oct. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Oct. 16.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

DRAINAGE OF DEVON AND CORNISH TOWNS.

THE averments of the *Builder* in reference to the bad sanitary condition of Truro and Falmouth, which we noticed two or three weeks ago, having been called in question by some local correspondents, our contemporary has returned to the charge, and, so far as Truro is concerned, has shown that the statements first made were really within rather than beyond the mark of accuracy. Truro is said by its champions to be sewered to the extent of seven or eight miles of public drains. The *Builder* says these drains are all constructed of "common dry stonework," so that for efficient drainage their value is *nil*. Without entering further into the controversy, we may observe that unless the Truro authorities can disprove this one assertion, judgment must go against them entirely. Dry stonework sewers are not only useless, but the amount of pollution of the subsoil which they must inevitably occasion renders them positively dangerous. As for Falmouth, the *Western Morning News* announces that the local authorities have at length resolved to adopt a system of drainage, with subsequent utilisation of sewage, on the plan in successful operation at St. Thomas, Exeter, and have engaged Mr. Ellis, the St. Thomas engineer, to carry out the works with all speed. The *News* states that at Plymouth the thoughts of the public men are being directed towards the propriety of economising and rendering profitable the enormous mass of material daily being discharged into the sea; while Paignton is completing a sewage system "on the old principle of discharge into the sea." At Torquay, the *News* says, "utilisation has been definitely pronounced against, and a non-utilising system has been postponed as too formidable a task to be undertaken without a few years of preliminary slumber."

Mr. N. J. Haydon should consult a pamphlet on the subject by Mr. Napper, of Cranleigh, Surrey, who would on application, no doubt, furnish him with any further information he may require.

Mr. T. L. Palmer.—The discussion is uninteresting to the profession.

THE DUBLIN QUARTERLY AND DR. WHITEHEAD, OF NEW YORK.

To the Editor of THE LANCET.

SIR,—Will you please allow me briefly to refute the following imputation of "inaccuracy and prejudice," by Dr. Edward H. Bennett, in the August number of the *Dublin Quarterly Journal of Medical Science*, p. 190:—

"Dr. Whitehead publishes an analysis of fifty-five operations for cleft palate, collected from various sources; but we can place but little reliance on its results when we find in it such proof of inaccuracy and prejudice as the following passage contains: 'In a single case operated on in France by Sédillot, on a child three years of age, there is nothing said about the speech; but the only object of this operation seems to be to disprove that the periosteum alone can in this locality or elsewhere reproduce bone.' In proof of Dr. Whitehead's inaccuracy, we may state that Dr. Sédillot's patient was thirteen years of age, not three," &c.

To be accurate and to be just are the first duties of a reviewer, and in this respect Dr. Bennett's review is open to criticism. He has misquoted some of my remarks, and plainly misrepresented others. He has wrongfully impugned my motives, and assailed the correctness of my statements. His only cited proof of inaccuracy is inaccurate, as may be observed by turning to page 52 of Sédillot's splendid work ("De l'Evidement sous Périosté des Os," Paris, 1867), where can be read near the middle of the page and at the commencement of a paragraph the following words: "Mon malade, âgé de trois ans, a été opéré le 23 Mai."

It would afford me pleasure to translate this case, and to accompany it with extended remarks, as the subject is interesting and important. It would be equally agreeable to know that Dr. Bennett had not sufficiently considered my paper, and that his strictures concerning it were attributable to haste in the preparation of his review. Neither on page 52, nor on the ten succeeding pages relating to the subject of periosteal uranoplasty, can I discover the slightest allusion to the condition of the speech in this case.

Dr. Bennett has mistaken the case of Maria D., aged seven, reported in the *New York Medical Journal* of April, 1869, for another case. The mother of Maria D. recently told me that her daughter's speech had improved; but it is still bad. I have the satisfaction, however, to know that the patient has been decidedly benefited, and that there *has been reproduction of bone in the transplanted periosteal flaps*.

The case which the reviewer mistakes for that of Maria D. is cited in the *New York Journal* thus: "In the case of my patient mentioned in the analysis, the speech, which before the operation was unintelligible, afterward became distinct and intelligible; but the nasal tone still persists." This case I reported in full in the July number of the *American Journal of the Medical Sciences* of 1868, and the *analysis* referred to I published in the October number of the same journal during the same year.

That Sédillot desired to make his case of periosteal uranoplasty a test of the reproduction of bone by the periosteum is fully proved by the following sentence on page 52 of his work: "J'ai répété à la clinique de Strasbourg cette belle opération, et je ne pouvais trouver une meilleure occasion d'étudier la question tant controversée des régénérations périostiques des os."

Having answered the imputation of alleged inaccuracy, I desire to notice the charge of prejudice. Personally I have no reason to be prejudiced against Dr. Sédillot or against any Frenchman. How far the preferences of my countrymen may be favourable to the French is a matter which I shall not attempt to discuss. Some of the most agreeable years of my life were passed in France, and it is with pleasure that I acknowledge myself Docteur en Médecine de la Faculté de Paris.

I am, Sir, yours respectfully,

W. R. WHITEHEAD, M.D. of New York,
Surgeon of the Northern Dispensary, Member of the Pathological Society, &c.

New York, September 13th, 1869.

THE SLEEPING GIRL OF HARTLEPOOL.

We notice a statement in a local paper that a "sleeping lady at Hartlepool threatens to eclipse the fasting girl of Wales." Miss Clarke, the somnolent lady in question, arrived, it is said, at Hartlepool from Selby a few weeks ago, and on the 14th ultimo she fell into a profound sleep, from which no efforts have been effectual in rousing her, except partially, and then only for a short time. The young lady up to the period of her strange seizure appears to have been in the enjoyment of good health. The interest of the case, of course, centres in the cause. If not hysterical in its character, to which the age and sex of the patient seem to point, it is possibly due to the prolonged coma following an epileptic fit, or to worms, or possibly to some interruption to the return of the blood from the head. In the latter case, might not some information be acquired from the ophthalmoscope. We should be inclined, were such a case to fall under our own notice, to give a brisk purgative and a turpentine enema.

A Constant Reader.—We are not acquainted with the Office named. Our correspondent should obtain good references before placing his affairs in the hands of persons unknown to him.

Mr. John Finley is thanked. The subject shall be noticed.

THE TASTE OF MEDICINES.

To the Editor of THE LANCET.

SIR,—The nauseous taste of many medicines is no slight hindrance and difficulty in the treatment of disease, especially in children, and to this perhaps, as much as anything, it is owing that the homœopathic quackery has found a certain amount of favour with the public. It is not my purpose at present to discuss the opinion now generally entertained, that homœopathy as practised by its founder is extinct, and that under the fiction of infinitesimal dose—"smaller and smaller, and beautifully less,"—an average or rational dose of medicine is administered by his followers; but the fact I deal with here is, that globules and drops, the ordinary homœopathic formulæ, are readily taken, the patient meanwhile pleasing himself with the idea that he cannot be overdosed. The system is, without doubt, "a mockery, a delusion, and a lie;" yet I confess it has suggested to me the thought that it is desirable to administer medicines in as pleasant a form as is compatible with their unimpaired virtues; and with your permission, Mr. Editor, I venture to call the attention of the profession to some suggestions arising out of it under the following heads.

1. Medicines may be administered in diminished bulk by the more frequent use of their active principles, some of which are well known, and their properties ascertained—e. g., morphia, quina, cinchona, atropia, strychnia, salicine, &c. &c.

2. Medicines may be more frequently administered in the form of pill, in preference to that of powder or mixture, which, moreover, may be covered with gold or silver leaf, instead of the sickening powders that are usually employed. Pills are, for the most part, readily taken, and many very nauseous medicines are quite as efficacious in this form as in any other. Dr. Kirby has offered professional men many concentrated and potent medicines, which are well worthy their attention, as they are made into doses which are small in bulk, and tasteless.

3. Several medicines are pleasant to the taste, and some others may be rendered pleasant enough by the addition of syrups, essential oils, aromatic infusions, &c. The ferri carbonas saccharata, the trochisci, the mistura spiritus vini gallici of the British Pharmacopœia, are among the former; infusum rosæ acidum, infusum aurantii comp., infusum caryophilli, infusum gentianæ comp., infusum cascarillæ, syrupus et tinctura aurantii, are instances of the latter. Some drugs and various salts have their taste covered or improved by the bitter infusions, which are by no means disagreeable to some palates—e. g., potassii bromidum, potassii iodidum, et ferri sulphas; but the last-named drug has its taste best covered by infusum aurantii comp. et acidum sulphuricum dilutum, with which it is generally proper to combine it; or the ferri sulphas exsiccata may be given in the form of pill. The tinctura ferri perchloridi—one of our most valuable preparations of iron, but offensively rough and astringent in taste—is rendered an agreeable and elegant dose by the addition of a drachm or a drachm and a half of sherry wine and an equal quantity of syrup, and the wine is medicinal. The antimonium tartaratum is nearly tasteless if mixed with sugar and water; and the taste of potassæ nitras, when dissolved in water, is tolerably covered by syrup of orange-peel. The acids sulphuric, nitric, hydrochloric, &c., may be elegantly administered by means of a graduated glass measure, to which is attached a bent glass tube, the tube indeed forming a part of the measure. The medicine is put into the measure, and passed to the back part of the tongue through the tube, and thus it is scarcely tasted; and, moreover, the teeth are neither set on edge nor injured. Would it not be desirable to advise some of our more nauseous medicines to be given in a similar manner? For even if we should allow that the base and posterior part of the tongue are equally sensitive with the rest of the organ, yet it is evident that by this means the medicines would come in contact with a smaller tasting area; and it is said that "taste, like touch, is much influenced by the extent of surface acted on."

It would be easy to name many more substances in each of the divisions I have made; but this would needlessly occupy your space. My object has only been to throw out a few hints on the administration of medicines in a more agreeable form. I trust some of your correspondents may be able to point out other methods besides those I have mentioned, by which the taste of medicines may be covered or improved. At some future time, with your permission, I may return to the subject.

I am, Sir, yours obediently,
Plymouth, Devon, Sept. 6th, 1869. WILLIAM DALE.

Dr. Günther.—Although we think the cause of death could not be ascertained without a post-mortem examination, and that one should have been made, we are, nevertheless, of opinion that there were no suspicious circumstances in the case such as rendered its performance absolutely necessary.

J. A. S. D.—We think not. Let our correspondent consult the Students' Number of THE LANCET; or he can apply to the Secretary of the Royal College of Surgeons.

Dr. W. Burman.—We shall be happy to insert the cases in our "Mirror."

SURGICAL OPERATIONS IN HOSPITALS.

ADVERTING to the request we made last week, we should feel much obliged if those who intend furnishing us with information would be so good as to state, in addition to the other points, what was the maximum number of amputation or serious operation cases that were present and occupying beds on any one day in the hospital of which they are kind enough to forward a return.

Signa.—The degree of M.D. may be obtained either in Scotland or abroad. As regards Scotland, our correspondent is referred to our Students' Number of this year. In Germany, the Universities of Würzburg, Giessen, or Erlangen will confer the degree of M.D. on a foreign surgeon after an examination. The fee is within £30.

A Student should apply to the obliging officials at the College.

PROPAGATION OF SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—My attention has been called, by an extract in the *Pall Mall Gazette*, to a paragraph in your journal of October 2nd with reference to the recent prevalence of scarlatina in the metropolis, in which the assertion is made that—"It is believed that the contagion of scarlatina is largely propagated in the out-patient room of the Children's Hospital in Great Ormond-street. Children, some of them no doubt labouring under scarlatina, are brought to the hospital from all parts of the metropolis, and in the close waiting-room the contagion is readily communicated. The hospital thus becomes a focus of disease, and the children in the immediate neighbourhood are the greatest sufferers. We would seriously urge the Privy Council to make inquiries into the prevalence and propagation of this fatal disorder."

Your medical readers will not fail to be struck by the absence of the evidence on which so grave a statement should rest, or of the name of the authority whose belief is assumed to render further evidence needless; while they will not fail to appreciate the full extent of injury to the Children's Hospital which it is calculated to produce when brought before the non-medical readers of the *Pall Mall Gazette*, who will not unnaturally suppose that inquiry had preceded judgment.

I beg leave, therefore, to supply for your and their information a statement of out-patients admitted at the Children's Hospital between July 6th and October 5th, 1869.

Total number of new cases	4188
Scarlet fever	17
Diagnosis very doubtful	8
	—
Sequelæ:	
Debility and sequelæ not specified ...	24
Dropsy	26
Babo	4
Leucorrhœa	1
Otorrhœa	3
	—
Total sequelæ	58

In other words, one patient in every 246 had indisputable scarlatina, and one case in every 63 was either a doubtful case, or one of the sequelæ of the disease.

How far this constitutes the out-patient room of the Children's Hospital, *more than that of any other hospital*, a "focus" of scarlatina, may be left to any candid person to determine; or to that inquiry to be instituted by the Privy Council, which the writer of the paragraph in THE LANCET so urgently calls for, and which the committee and the medical officers would hail with more satisfaction, since it would, doubtless, be conducted by the principal medical officer of the Privy Council and the former colleague at the Children's Hospital of,

Your obedient servant,
CHARLES WEST,
Senior Physician to the Hospital for Sick Children.
Wimpole-street, October 6th, 1869.

*** We insert Dr. West's protest against our statements as to the propagation of scarlatina at the out-patient room of the Children's Hospital. But it appears to us that his statistics confirm our views so far as such statistics can do so. 4188 new cases were admitted in three months—that is, omitting Sundays, 53 per day. As each patient remains on the books some weeks, and it is probable that at least 150 or 200 children attend at the hospital every day, there must, therefore, be one or two patients labouring under scarlatina and four or five with the sequelæ taken to the hospital every morning—quite enough, as it appears to us, to ensure the propagation of the disease. The Children's Hospital is only a greater "focus" than other hospitals because more children are taken there, scarlatina being a child's complaint. We are glad to observe that Dr. West agrees with us that an official investigation made under the direction of the Privy Council is desirable.

Vigilans.—The appointment of certifying surgeon is made by the Inspector of Factories for the district. The Inspector for Birmingham is Mr. Baker, of Leamington.

Colonel Ellis.—We do not supply detached copies.

Mr. G. Reed (Manchester) will find the munificent gift noticed at p. 518.

ACETATE OF LEAD FOR WATERPROOF GARMENTS.

To the Editor of THE LANCET.

SIR,—In the *Standard* of this day appears a paragraph, in which the following recipe for waterproofing garments is given:—"In a bucket of soft water put half a pound of sugar of lead and half a pound of powdered alum; stir this at intervals until it becomes clear; then pour it off into another bucket, and put the garment therein, and let it be in twenty-four hours; then hang it up to dry without wringing it."

As many persons are likely to avail themselves of this information (myself among the number), perhaps some of your readers would state whether the use of sugar of lead in such a manner would be attended with any injurious effect to the person wearing garments thus waterproofed, especially trowsers.

I am, Sir, your obedient servant,
October 4th, 1869. A. S. B.

MEDICATED PAPER.

HERE is the last absurdity. We have received from a correspondent a circular advocating the advantages to be derived from the use of a medicated paper in the cure of hæmorrhoids. The inventor has a high opinion of his discovery; for he "anticipates that this article will be found in the household of every refined man in the kingdom." He attributes the production of piles to the use of printed and ordinary paper, especially white paper. As this cause is not noticed in the works of those who write on that subject, it might be of use to the surgeons who take the rectal region under their care to know that the prognosis, pathology, and therapeutics of this malady are simplified in an uncommon degree, and that their occupation is now gone to the *Walls*. All that is required is a simple piece of paper with the name "Gayetty" stamped on it, guaranteed both to prevent and cure the complaint. The circular, written in excellent taste, and posted in such a way as to be received at breakfast—with *private* on the envelope outside,—will be sure to harmonise with the feelings of many sufferers at that time.

U. T. T. (Canada) is thanked for his communication. We regret to say that no provision exists in England for meeting such cases as that named by our correspondent, and we fear that there is but little hope of any assistance being obtained from this country for the widow and daughter.

A Country Subscriber.—Our correspondent will find all he desires in the book of Harvey published by the Sydenham Society in the year 1847, to which is added a Life of Harvey by Dr. Willis.

R. C.—Yes.

SWIMMER'S CRAMP.

To the Editor of THE LANCET.

SIR,—In your number of Sept. 4th, on the above subject, you encourage inquiry, saying that "the explanation" in manuals "seems to be generally accepted, but it does not really explain this awfully mysterious sinking;" and that "this is a subject that has strangely escaped observation." Will you allow me to submit a few remarks?

That spasm of the muscles of respiration is the almost ultimate stage towards the sinking of the swimmer arrested with cramp, there can be little doubt; but whether it be the cause or only a final effort to effect another inspiration, is an important question. Also, it can scarcely be doubted that the same muscles may occasionally be seized with cramp, as an immediate result of unusual exertion, seeing cramp is often so excited in other parts of the frame; but I seek to suggest some stages of the process.

I submit that oppression of the lungs from overwhelming influx of blood into them, together with the arrest of the blood's exit from the heart, is the cause of the spasm of the respiratory muscles; and that this oppression of lungs and inability of the chest to receive enlargement, even from spasmodic action of these muscles, is due to a chest filled with blood, or so emptied of air as to make the specific gravity of the body greater than that of water; and that this is the cause, and not the spasm of the muscles, of the "sudden sinking."

The cause of the great influx of blood into the lungs I next refer to "cold," to the diminished temperature of the surface of the body in contact with water, sometimes perhaps augmented by the sudden presence of cold springs; and could it be inquired into, I expect that a felt-coldness in the chest would be acknowledged to, which would be in accordance, I think, with an experiment of John Hunter's, and at least with some known facts.

The density of the medium in which the body is immersed must, in conjunction with cold, further compress the vessels of the surface, and swell the currents to the lungs; while the great muscular exertion of swimming must greatly accelerate these currents, and, seriously opposing the exit of the blood from the heart, must intensify this blood-fulness to suffocation.

If cramp be admitted as an attendant upon unusual, non-habitual impediment to the venous circulation, we may infer the more readily that the above impediment may cause swimmer's cramp, and be quite sufficient causation for its occasional suddenly fatal form.

The cramp that occurs in sleep leads to a consideration of the voluntary element of nervous influences; and in the exertion of swimming we may notice that the balance of this power may also be disturbed.

In the absence, however, of a well-defined theory of nervous influence in cramp, this approximate *rationale*, or this analogy to certain diseased states of circulation, may supply very effective cautions to the swimmer, such as a distinct care to avoid that combination of circumstances which favours chest obstruction, a care to ascertain something of the swimmer's individual susceptibility to chest oppression, including his liability to its invasion even within the states of health and strength. Your suggestions of "regular and graduated gymnastic exercise," with habituation to the impression of "cold" by daily sponging, frequent friction to encourage skin nutrition, and a care not to attempt to swim in a state of repletion, deserve his serious attention. Any full meal, indeed, must be very prejudicial to the desirable balance of a free and easy internal circulation whilst great internal pressures are in operation. With prudence and self-restraint the swimmer may thus be prepared to avoid the concurrence of a good meal, cold, and a strong muscular exertion, as a combination fraught with the greatest danger.

"They sank to the bottom as a stone" seems an ancient observation of the increased specific gravity of the human body under circumstances of "a strong east wind," congelation," a hurried march involving fatigue and heat of surface, and sudden confusion.

I should be glad to draw renewed attention to a paper "On the Safety-valve Action of the Human Heart" (read before the Royal Society), and a smaller one "On the Influences of Cold," by my especial friend, the late Mr. Thomas Wilkinson King, F.R.C.S.L., of Guy's Hospital.

I remain, Sir, yours truly,

Reigate, September 29th, 1869. HENRY HALES.

To the Editor of THE LANCET.

SIR,—Feeling assured you would receive trustworthy information on so important a subject from the many, I have remained silent until now. It is hardly necessary to revert to the fact that good swimmers are often the victims. I propose to show the best means of escape if attacked with cramp whilst swimming. It is just simply this. Let the swimmer *at once* throw himself upon his back, and kick out violently, or even lash the water with his legs, until all cramp has disappeared. Anyone who tries this will find instant relief from the agony, which will otherwise bring his nose and knees together, and cause him to drown. Yours faithfully,

October, 1869. S. L. G.

FILTERS.

A Subscriber.—The *modus operandi* of filters has been the subject of some disputes among chemists and others. Those named by our correspondent are supposed to operate in two ways—namely, mechanically and chemically. They remove the saline and mineral matter by causing it to be deposited in the passage of the fluid through the porous substances. In this way, also, they remove all that is in a state of suspension, and a good deal of the organic matter. Chemically, by virtue of the oxidising influence they exert on organic bodies in solution, filters remove and render innocuous those substances which are capable of being oxidised. Our correspondent is referred to an article on this subject in the present number of THE LANCET.

Mr. McNab will perceive that we have a report from our own correspondent.

THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—Since my attention was first drawn to the above subject by the admirable letter of Dr. Taaffe in your impression of the 6th June, 1868, I have neither seen nor heard any attempt so puerile and weak to prove wrong right in vindicating the assumption of the hardly-earned title of "Doctor" by others than University graduates as that set forth by your correspondent of last week, so aptly signing himself "Nobody." For who could have read the first few lines even without anticipating the signature which followed? "Nobody" doubts whether I am correct in saying I know of licentiates of the College of Physicians calling themselves "Doctors of Medicine." Now, could anyone doubt that a gentleman practising the medical profession, and prefixing "Dr." to his name, means thereby to imply that he is a Doctor of Divinity, Laws, Music, or "Nobody's" new "Doctor of Physic." No! Certainly not; everyone would suppose him to be the time-honoured M.D. I make no comparisons between Doctors of Medicine and Physicians, although having passed examinations for both I may be entitled to an opinion even on that matter.

If "Nobody" thinks it so easy to obtain the degree of Doctor of Medicine, let him try the experiment at any British University, when, if successful, he will be enabled to write M.D. after his name, which will, at all events, have the advantage of being an older title than his Doctor of Physic.

Your other correspondent, "F. J. B.," is in error if he supposes it would be, or is, any sore to University graduates for the licentiates of the Colleges of Physicians to use their proper title—viz., Physician. Not numbering amongst my acquaintance any year-of-grace men, I cannot pretend to know their sentiments on this subject, as your correspondent seems to; but this I can say, that my letter of the 25th of last September expresses the opinion of a great many University graduates, who, together with myself, obtained their degree at the expense of time, fees, and hard work; and I trust for the sake of myself and brethren who think with me that Dr. Taaffe will be tempted again to defend right against might (*vide* letter of "Not M.D., but Physician," THE LANCET, June 13th, 1868).

Did it ever strike "Nobody" or Mr. Simon Shallow (if they be not one and the same person) to attempt a comparison between the medical and the several titles held in the other professions? If not, let him contemplate the following examples:—The Rev. Mr. ——, a minister, prefixes "Dr." to his name, and in answer to Doctor of what? replies, "I am not a Doctor of Divinity, but a Doctor of Religion." Again, a lawyer calls himself Doctor, and defends his assumption by saying, "Not a Doctor of Laws, but of Jurisprudence." Or the parish organist calls himself Doctor, and shields himself by the plea, "Oh, no, I am not a Doctor of Music Oxon., but a Doctor of Harmony." Would any reasoning person think these excuses other than miserable subterfuges to evade the spirit of the law? And in this category must I, until better informed, class the man who, to avoid the bye-law of our Royal College of Physicians, calls himself a Doctor of Physic.

I remain, Sir, yours, &c.,

October, 1869. A PHYSICIAN, AND ALSO A M.D.

Mr. W. J. Moore, (Bombay.)—We fear that we could not afford to devote so large an amount of space to the subject named by our correspondent. Could he not condense his article, or put forward the practical results at which he has arrived by review of the progress of sanitation in India during the last decade? If he could not do this, we would suggest that he publish his observations as a separate pamphlet.

A CASE OF ABDOMINAL PAIN.

To the Editor of THE LANCET.

SIR,—Query, in the very anomalous case related by your correspondent, "Rusticus," does not his patient suffer from stricture of the transverse colon or some obstructive intestinal disease? Has he tried suppositories of belladonna, full doses of tincture of belladonna, and strychnine in mixture, and the local application of liniment of aconite with chloroform over the seat of pain?

Yours obediently,

October 4th, 1869. AN OLD SUBSCRIBER.

To the Editor of THE LANCET.

SIR,—Has your correspondent, "Rusticus," tried nitrate of silver or oxalate of cerium? If not, let him try them separately, and note the result in your columns.

Yours, &c.,

Birmingham, October 5th, 1869. SENEX.

Dr. P. C. Duseux has asked us to state that he has been duly authorised by the Government of France to practise as a physician at Hyères and the department of the Var, South of France.

Vigilans.—Inquiry shall be made in the proper quarter.

SICK CLUB FOR MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—As an admirer and constant reader of your journal, I hope I may be allowed to ask the following question: Is there any institution or society whereby a medical man can, by paying an annual amount, secure to himself a weekly allowance in case of sickness on the ordinary club system? Such an institution, I am aware, exists in reference to accidents; but I am ignorant as to whether there is any provision of the same kind for ordinary sickness. Such an institution, I believe, would be a great boon, and many, I am sure, would be glad to avail themselves of its privileges.—Yours, &c. *c*

October, 1869. M.R.C.S.

Aqua Pura.—Undoubtedly the use of lead pipes for the conveyance of drinking-water is open to objection, because of the possibility that the water may be so constituted as to act upon the lead in a manner to render the water unwholesome. We have lately seen an account of an American invention, which seems calculated to supply the want of some sort of pipe suitable in every respect for drinking-water purposes. Haines's Patent Lead-encased Block-Tin Pipe we refer to. The interior surface of the tube is of block-tin, highly polished, while the outer part is of lead; the two metals being so thoroughly united at their surfaces of contact as to become virtually a homogeneous metal. Pliability and other qualities required by plumbers are said to be possessed by this new pipe; and as it is not more costly than the old lead pipe, we should imagine that it will come into general use.

Looker-on.—The matter shall receive attention in our next number.

PROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—The inappropriate signature adopted by the writer who has again attacked me anonymously in your columns proves, at any rate, the truth of the old adage, "*Facts* are stubborn things." Almost entirely ignoring my explanation, "Fact" quotes from some imaginary advertisement words which never existed except in his letter; and, after indulging in remarks (possibly intended as crushing sarcasm) about his having no knowledge of me—which I certainly feel bound to believe,—he asks a series of questions already answered in my former letter. Whether his attacks arise from malice or ignorance, is a matter of little moment to me, so that I shall not trouble you with any further notice of them, especially after the significant "fact," which oozes out in his second letter, that he was apparently so ashamed of his name and the nature of his communication, on the first occasion of his attacking me, as to evade your standing (and particularly in such cases necessary) rule requiring writers of letters to the Editor to give their names. *Ex pede Herculem.* Yours obediently,

October, 1869. ABBOTTS SMITH, M.D.

*** Dr. Abbotts Smith is quite wrong in supposing that the correspondent to whom he refers failed to comply with our rule requiring the enclosure of the cards of writers of anonymous letters.

Prof. Rutherford's Introductory Lecture on Physiology will appear in next week's number.

Rubber.—We cannot insert our correspondent's communication.

REMUNERATION OF HOUSE-SURGEONS.

To the Editor of THE LANCET.

SIR,—A few weeks ago you kindly promised that the subject of house-surgeons' fees should receive consideration. Having been again called upon for an opinion by a person representing a Railway Company, I beg leave to trouble you with the case. The opinion embraces the following points—viz.: What is the injury of patient? Is it or is it not serious? Will he be incapacitated from labour? and if so, for how long? Now, to give an opinion on all this implies the exercise of thorough professional knowledge; and considering that, strictly speaking, it has nothing to do with medical officers' gratuitous duties towards hospital patients, I ask should he, or should he not, be remunerated for the trouble necessarily incurred in giving answers to these questions? I should much like to see this difficulty solved, and shall be greatly obliged for your assistance in the matter.

I am, Sir, yours obediently,

London Hospital, October, 1869. H. S.

*** The question shall be considered next week.

Practitioner.—It would be strictly in accordance with professional etiquette to state on a small plate where removed to.

A Surgeon should refuse to give the Society the information unless they pay the proper fee.

HAIR-DYE.

To the Editor of THE LANCET.

SIR,—Your correspondent, "M.D.," who writes for a hair-dye containing nitrate of silver, might try ten grains of nitrate of silver to one ounce of distilled water, and, after that solution has been used, then wash the hair with a weak solution of pyrogallic acid; after twenty minutes, wash the whole head in warm soap-and-water. The disadvantage of nitrate of silver is that it stains the skin and the clothing.

A beautiful brown dye is made by simply dipping a comb in a solution of chloride of gold, passing it through the hair, and letting it dry upon the hair.

The most perfect black dye is the lead—a simple solution of acetate of lead, one drachm to three ounces of water. This, if carefully used, is not injurious to the health.

Dr. McCall Anderson's dye of bichloride of mercury and hypophosphite of soda is a good one. It does not alter the colour of the skin.

Yours truly,

Enfield, October, 1869. BENJAMIN GODFREY, M.D., &c.

Equitas.—A letter is lying at our Office for the correspondent who addressed us, with this signature, on the subject of the County Administration Bill.

Bald and Grey.—Next week.

Prof. Stephen Smith, (New York.)—Many thanks.

SMALL-POX IN LAMBETH.

To the Editor of THE LANCET.

SIR,—Allow me to contradict an erroneous statement made by Dr. Puckle in your last impression, in which he reports that there has not been a single case of either small-pox, typhus, or typhoid fever in Lambeth parish for the last six weeks. A most severe outbreak of small-pox visited the neighbourhood of Brixton about the latter end of May, and raged with great severity up to the middle of last month; and at the present time sporadic cases occasionally crop up. In one small terrace alone, comprising about twenty houses, I had upwards of thirty patients afflicted with this disease, some of the unvaccinated cases being of the most malignant type. There have also been occasional cases of typhoid fever.—Your obedient servant,

Brixton Dispensary, Oct. 7th, 1869. R. MANSELL JONES.

Inquirer, (Ashford.)—We cannot venture to give our opinion as to whether the individual in question is "an honest man or an advertising swindler." We have no faith in advertisers. Promises are proverbially easily made and broken. The sum to be charged is enough in all conscience; and if half is to be paid down, the surgeon will be benefited, whatever the result may be to the patient. Common sense would suggest that the best plan to follow is that which is taken by most sensible men—viz., for the patient to consult a man of reputation on the subject. An operation of the kind, even if necessary, need not be attended with pain. Successful results are of daily occurrence.

Dr. J. Dickie's request shall receive attention.

HOW FEVER IS SPREAD.

THE following extract from last week's Report of Dr. Bateson, medical officer of health to the vestry of St. George's, Southwark, although it states nothing that is new to medical observers, is worth noting at the present time, when scarlet fever abounds, and when every means ought to be taken to limit its ravages:—

"Scarlet fever continues very prevalent and fatal, especially in the Kent-road sub-district.....Nine of the thirteen deaths occurred there. It is a fact that should be well known, that in cases of fever no visits should be made unless a necessity exists. Fever is carried and spread about in every direction by persons making casual or needless calls. This is constantly happening. A man and his wife were living separate; he heard that she was in the Fever Hospital, and there visited her. About nine days afterwards fever showed itself, and he died. In this case the visit was doubtless proper. I only speak against idle, useless visits, which benefit no one in any way whatever. During this epidemic of scarlet fever I have often met with families who have had the privilege of occupying two rooms, when I have seen that the room in which they lived, and in which every domestic duty was done, was occupied by the children who were suffering from the disease, whilst the bedroom contained a corpse, and at night the parents and the children who were in health. This certainly should not be, and for many reasons that I need not detail. A mortuary might be built at one of the workhouses which now constitutes the union with reference to convenience and appearance, whereby much objection against workhouse mortuaries might be removed. The objections now are insuperable."

WE are compelled to postpone until next week the insertion of abstracts of the Introductory Lectures delivered at several Provincial Schools.

Justice should address Dr. F. Hawkins, 32, Soho-square, on the subject. We cannot answer the question.

Mr. George Southam, (Pendleton.)—We will endeavour to meet our correspondent's wishes if he will forward us his paper.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson; Prof. Rutherford, King's College; Sir J. Y. Simpson; Dr. Robert Barnes; Mr. Berkeley Hill; Prof. Gamgee, Birmingham; Dr. B. W. Richardson; Prof. S. Smith, New York; Dr. A. Wood, Edinburgh; Dr. Hyde Salter; Colonel Pitcairn; Dr. Blane; Dr. Brown; Dr. Maudsley; Mr. F. Mason; Dr. Fleming, Glasgow; Mr. Dickinson; Mr. Williams; Dr. Moore, Launceston; Dr. Burman, Exminster; Dr. Morris, Barnsley; Dr. G. M. Beard, New York; Mr. Smith, Brighton; Dr. Wiltshire; Mr. Stuart, Florence; Dr. Lory Marsh, Nottingham; Dr. Phillips; Mr. Colam; Dr. Dale, Plymouth; Mr. Furley, Ashford; Mr. Wills, Nassau; Dr. Jackson, Paris; Mr. Howard, New Buckenham; Mr. Matthews; Dr. West; Mr. Eagleton; Dr. Sendall, Barmingham; Mr. Robinson; Mr. Gross; Dr. Page, Darlington; Dr. Broster, Shilton; Mr. Levick; Mr. Martin; Mr. Stone, Canterbury; Dr. Godfrey, Enfield; Dr. O'Keefe; Dr. Worthington, Worthing; Mr. Skinner; Dr. Bradley, Manchester; Dr. Boggs; Mr. Seaton, Leeds; Dr. Nason, Stratford-on-Avon; Mr. Duncan, Glasgow; Dr. Lloyd, Barmouth; Mr. Remy; Mr. Stretton, Kidderminster; Mr. Yeates; Dr. Donkin, Sunderland; Mr. W. Wood; Mr. Edwards; Dr. J. F. Clarke, Farnworth; Dr. Abbotts Smith; Mr. Taylor; Dr. Dickie, Hull; Mr. Myles, Spalding; Mr. Ellis, Morley; Dr. Hingston, Union Mills; Mr. Craven; Mr. Clough, Edinburgh; Mr. Fox; Dr. Murray; Mr. Anderton; Mr. O'Lush, Ventnor; Mr. T. F. Cooke, Bath; Mr. Carter; Dr. Harris, Totnes; Mr. Woodcock; Dr. Black, Glasgow; Dr. Brown; Dr. Macleod, Ben Rhydding; Dr. Davis, Burntwood; Dr. Spencer Thomson, Torquay; Dr. Gairdner, Glasgow; Mr. Curtis; Dr. Haydon; Mr. Wilson; Dr. Atkinson, Bridgend; Mr. Jones, Brecon; Mr. Tomlinson; Mr. Jackson, Croydon; Dr. Clarke, South Molton; Mr. Howard, Pemberton; Mr. Cecly; Mr. Carter, Halstead; Dr. Farquharson, Rugby; Mr. Mills, Plympton; Mr. Kelsey; Dr. Philpots, Perth; Dr. Garrett; Mr. Jones; Dr. Miller, Glasgow; Dr. Bloxall, Berwick-on-Tweed; Mr. Preston; Mr. Harrinson, Reading; Mr. Smith, Boston; Dr. Ward, Wakefield; Mr. James, Kenilworth; Mr. Long; Mr. Jay, Harborough; Mr. Howe, Manchester; Mr. Pearce; Mrs. Gibson, Birtley Fenn Houses; Dr. Duncan, Paris; Mr. Hales, Reigate; Mr. Hill, Newport; Mr. Wright; Mr. Kendall; Sanatorium; Inquirens; Rubber; Constant Reader; L. K. Q. C. P.; Subscriber; Justice; E. W.; Omega; An Old Subscriber; A. S. R.; Sigma; Looker-on; A First-year's Man; Senex; Z. R.; G. D.; A Thirty Years' Subscriber; M. A.; Gideon Gray; A Practitioner of Fifteen Years; &c. &c.

Brighton Guardian, Downpatrick Recorder, Brighton Gazette, Hornet, Popular Science Review, Report of the Peking Hospital, Barnsley Times, Parochial Critic, Glasgow Herald, Surrey Comet, Montreal Daily News, Scarborough Gazette, Journal of Mental Science, Clerkenwell News, Essex Standard, Glasgow Medical Examiner, Allahabad Pioneer, Aberdeen Northern Advertiser, Monthly Microscopical Journal, Aberdeen University Calendar, Monthly Homœopathic Review, and *Animal World* have been received.